

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90063 024 \*\*\*\*61.25

<b>DOCUMENT # N03000002377</b>					
<b>1. Entity Name</b> <b>OAK FOREST OF SARASOTA HOMEOWNERS ASSOCIATION, INC.</b>					
<b>Principal Place of Business</b> C/O ANTARES GROUP, INC. 4195 S TAMIAMI TRAIL, PMB #173 VENICE, FL 34293			<b>Mailing Address</b> C/O ANTARES GROUP, INC. 4195 S TAMIAMI TRAIL, PMB #173 VENICE, FL 34293		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> <b>86-1057693</b>	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
ANTARES GROUP, INC 4195 S TAMIAMI TRAIL PMB #173 VENICE, FL 34293				Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				Zip Code	
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VP <b>NAME</b> JACK, LES <b>STREET ADDRESS</b> 1001 TOPELIS DR <b>CITY - ST - ZIP</b> ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> Sweeney, Bill <b>STREET ADDRESS</b> 306 Toralis Point <b>CITY - ST - ZIP</b> Englewood, FL 34223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> GEOLEGAN, MYLES <b>STREET ADDRESS</b> 1206 HOT SPRINGS POINT <b>CITY - ST - ZIP</b> ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Fitzgerald, Dave <b>STREET ADDRESS</b> 1029 Yosemite Drive <b>CITY - ST - ZIP</b> Englewood, FL 34223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> HARGREAVES, CHARLES <b>STREET ADDRESS</b> 1057 YOSEMITE DR <b>CITY - ST - ZIP</b> ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> CONNOLLY, MICHAEL <b>STREET ADDRESS</b> 317 CROBULT POINT <b>CITY - ST - ZIP</b> ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> 305 Toralis Point <b>STREET ADDRESS</b> Englewood, FL 34223 <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> ZINK, KATHERINE <b>STREET ADDRESS</b> 1218 HOT SPRINGS POINT <b>CITY - ST - ZIP</b> ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> Crawford, Rhoda <b>STREET ADDRESS</b> 1111 Yosemite Drive <b>CITY - ST - ZIP</b> Englewood, FL 34223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>William Sweeney</i>			4/8/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		