

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90276 027 ****61.25

DOCUMENT # N15346

1. Entity Name

OAKWOOD CONDOMINIUM ASSOCIATION, INC. OF
CHARLOTTE COUNTY.



Principal Place of Business

1460 S MCCALL RD
SUITE 4E
ENGLEWOOD FL 34223
US

Mailing Address

1460 S MCCALL RD
SUITE 4E
ENGLEWOOD FL 34223
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0122241

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAY SOUTH PROPERTIES CO
1460 S MCCALL RD
SUITE 4E
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PREJM, GEORGE ☐ Delete
STREET ADDRESS 2275 MCCALL RD. UNIT 106
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE D
NAME GUILL, DONNA ☒ Delete
STREET ADDRESS 2275 MCCALL ROAD UNIT 204
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE VPS
NAME KIMBALL, NANCY ☐ Delete
STREET ADDRESS 2275 MCCALL ROAD UNIT 104
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE D
NAME KESSLER, CAROL ☒ Delete
STREET ADDRESS 2275 MCCALL RD UNIT 203
CITY-ST-ZIP ENGLEWOOD FL 34-2243

TITLE D
NAME KORANEHAN, RUDOLPH ☐ Delete
STREET ADDRESS 2275 MCCALL ROAD, UNIT 101
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME THERESA CIMRA ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME KENZI KEN ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

Nancy Kimball, Treasurer NANCY KIMBALL 11/1/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Attachment
44026770
Division of Corporations

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number **N15346**

Tracking Number: **100031731421**

The charge for your Annual Report is
\$61.25

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