FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **755793** **(7)**

1. Corporation Name

OAKMONT HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3524 SW 24 LANE DELRAY BEACH FL 33445 US	PO BOX 6143 DELRAY BEACH FL 33484-0143 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1981
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2940383 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032.* Florida Statutes ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P.A.
450 AUSTRALIAN AVE S STE 720
WEST PALM BEACH FL 33401-2034

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 500 Australian Ave, 9th Floor
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	FRANK, JOHN	12 NAME		
STREET ADDRESS	3639 SW 24 LANE	13 STREET ADDRESS		
CITY ST ZIP	DELRAY BEACH FL	14 CITY ST ZIP		
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	SCHENCK,RUTH	22 NAME	Sexton, Bernie	
STREET ADDRESS	2225 SW 35TH AVENUE	23 STREET ADDRESS	2439 SW 35th Ave	
CITY ST ZIP	DELRAY BEACH FL	24 CITY ST ZIP	Delray Beach, FL 33445	
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	LEININGER, JERRY	32 NAME		
STREET ADDRESS	3524 SW 24 LANE	33 STREET ADDRESS		
CITY ST ZIP	DELRAY BEACH FL	34 CITY ST ZIP		
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	LEININGER, DIANE	42 NAME		
STREET ADDRESS	3524 SW 24 LANE	43 STREET ADDRESS		
CITY ST ZIP	DELRAY BEACH FL	44 CITY ST ZIP		
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	GATES, SHARON	52 NAME	McDuffie, Nelson	
STREET ADDRESS	3548 SW 24 LANE	53 STREET ADDRESS	2364 SW 35th Ave	
CITY ST ZIP	DELRAY BEACH FL	54 CITY ST ZIP	Delray Beach, FL 33445	
TITLE	TD	61 TITLE		☐ Change ☐ Addition
NAME	BACON, GRETCHEN	62 NAME		
STREET ADDRESS	3648 SW 24 LANE	63 STREET ADDRESS		
CITY ST ZIP	DELRAY BEACH FL	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gretchen A. Bacon Treas. 4-30-95 (407) 498-4656
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
Gretchen A. Bacon, Treasurer

0081626