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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755793** (7)

1. Corporation Name

OAKMONT HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 3648 SW 24 LANE DELRAY BEACH FL 33445 US	Mailing Address PO BOX 6143 DELRAY BEACH FL 33484-0143 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/07/1981
4. FEI Number 59-2940383
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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. 500 AUSTRALIAN AVE 9TH FLOOR WEST PALM BEACH FL 33401-2034	
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10. Name and Address of New Registered Agent	
81 Name ASSOCIATION MANAGEMENT	
82 Street Address (P.O. Box Number Is Not Acceptable) 7187 THOMPSON ROAD	
83	
84 City LANTANA, FL	85 Zip Code 33462

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **JANET HUCKABY** *Janet Huckaby, Property Manager* **2-10-98**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS	
TITLE	PD ☐ DELETE
NAME	VANPELT, JANET
STREET ADDRESS	2028 SW 35TH AVE
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	VPD ☐ DELETE
NAME	QUINTANA, ART
STREET ADDRESS	2201 SW 35 AVE
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D ☐ DELETE
NAME	FOLDEN, FRED
STREET ADDRESS	3615 SW 24 LN
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	DS ☐ DELETE
NAME	MCDUFFIE, NELSON
STREET ADDRESS	2364 SW 35TH AVE
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	DT ☐ DELETE
NAME	LEININGER, JERRY
STREET ADDRESS	3524 SW 24 LN
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD ☐ Change ☒ Addition
1.2 NAME	McDuffie, Nelson
1.3 STREET ADDRESS	2364 SW 35th Ave.
1.4 CITY-ST-ZIP	Delray Beach, FL 33445
2.1 TITLE	VPD ☐ Change ☒ Addition
2.2 NAME	Linskey, Judith
2.3 STREET ADDRESS	2340 SW 35 Ave
2.4 CITY-ST-ZIP	Delray Beach, FL 33445
3.1 TITLE	D ☐ Change ☒ Addition
3.2 NAME	VanPelt, Janet
3.3 STREET ADDRESS	2028 SW 35th Ave
3.4 CITY-ST-ZIP	Delray Beach, FL 33445
4.1 TITLE	DS/T ☐ Change ☒ Addition
4.2 NAME	Gavlick, Stanley
4.3 STREET ADDRESS	2144 SW 36 Terr
4.4 CITY-ST-ZIP	Delray Beach, FL 33445
5.1 TITLE	D ☐ Change ☒ Addition
5.2 NAME	Folden, Fred
5.3 STREET ADDRESS	3615 SW 24 LN
5.4 CITY-ST-ZIP	Delray Beach, FL 33445
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Nelson Smith* **1/20/98 (561) 355-3897**

CR2E037 (10/97)