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**Mar 11, 1999 8:00 am**
**Secretary of State**
03-11-1999 90224 039 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755793

1. Corporation Name
OAKMONT HOMEOWNERS' ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3648 SW 24 LANE<br>DELRAY BEACH FL 33445<br>US | PO BOX 6143<br>DELRAY BEACH FL 33484-0143<br>US |

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
01/07/1981

4. FEI Number
59-2940383
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ASSOCIATION MANAGEMENT
7187 THOMPSON RD
LANTANA FL 33462

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PD | ☒ DELETE | 1.1 TITLE | D ☐ Change ☒ Addition |
| NAME | MCDUFFIE, NELSON | | 1.2 NAME | VAILLANCOURT, Michael |
| STREET ADDRESS | 2364 SW 35TH AVE | | 1.3 STREET ADDRESS | 2420 SW 35 Ave |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | | 1.4 CITY-ST-ZIP | Delray Beach, FL 33445 |
| TITLE | VPD | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | LINSKEY, JUDITH | | 2.2 NAME | |
| STREET ADDRESS | 2340 SW 35TH AVE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | | 2. 4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | PD ☒ Change ☐ Addition |
| NAME | VANPELT, JANET | | 3.2 NAME | VanPelt, JANET |
| STREET ADDRESS | 2028 SW 35TH AVE | | 3.3 STREET ADDRESS | 2028 SW 35 Ave |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | | 3.4. CITY-ST-ZIP | Delray Beach, FL 33445 |
| TITLE | DST | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | GAVLICK, STANLEY | | 4. 2 NAME | |
| STREET ADDRESS | 2144 SW 36 TERR | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | | 4.4 CITY-ST-ZIP | |
| TITLE | D | ☒ DELETE | 5.1 TITLE | D ☐ Change ☒ Addition |
| NAME | FOLDEN, FRED | | 5.2 NAME | BECRAFT, Thomas |
| STREET ADDRESS | 3615 SW 24 LN | | 5.3 STREET ADDRESS | 2415 SW 35th Ave |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | | 5.4 CITY-ST-ZIP | Delray Beach, FL 33445 |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

CR2E037 (11/98)

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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 2/16/99 954 624 77
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #