

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 757523 (6)

1. Corporation Name

OAKMONT AT INDIAN SPRING HOMEOWNERS' ASSOCIATION
, INC.

Principal Place of Business

Mailing Address

5995 BANNOCK TERR
BOYNTON BCH FL 33437

5995 BANNOCK TERR
BOYNTON BCH FL 33437



3. Date Incorporated or Qualified

04/13/1981

3a. Date of Last Report

04/05/1995

4. FEI Number

59-2083896

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOE BARTLETT/CRYSTAL COMMU
5995 BANNOCK TERR.
BOYNTON BCH. FL 33437

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

Signature typed or printed name of registered agent and the filer (applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

VD

NAME

HIRSHFIELD, HARMAN

STREET ADDRESS

5293 STONYBROOK LANE

CITY - ST - ZIP

BOYNTON BCH, FL 00000

TITLE

DP

NAME

MILLER, WILLIAM

STREET ADDRESS

5285 STONYBROOK LANE

CITY - ST - ZIP

BOYNTON BCH, FL 00000

TITLE

TD

NAME

FISHBANE, STANLEY

STREET ADDRESS

1126 STONYBROOK LANE

CITY - ST - ZIP

BOYNTON BCH, FL 00000

TITLE

SD

NAME

OGUSHOFF, JOE

STREET ADDRESS

11158 STONYBROOK LN.

CITY - ST - ZIP

BOYNTON BCH. FL

TITLE

D

NAME

BUCKSTEIN, HERMAN

STREET ADDRESS

11142 STONYBROOK LANE

CITY - ST - ZIP

BOYNTON BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change

☐ Addition

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☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wm. Miller

2/9/96

407-734-8005

Date

Daytime Phone #

CR2E037 (12/95)