

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 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 # 757523 (6)

OAKMONT AT INDIAN SPRING HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 5995 BANNOCK TERR BOYNTON BCH FL 33437	Mailing Address 5995 BANNOCK TERR BOYNTON BCH FL 33437
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3. Date Incorporated or Qualified
04/13/1981

4. FEI Number 59-2083896	Applied For Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	25 Zip
29 City & State	30 Country

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

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRSHFIELD, HARMAN	1.2 NAME	
STREET ADDRESS	5293 STONYBROOK LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, WILLIAM	2.2 NAME	
STREET ADDRESS	5285 STONYBROOK LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHBANE, STANLEY	3.2 NAME	
STREET ADDRESS	1126 STONYBROOK LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGUSHOFF, JOE	4.2 NAME	
STREET ADDRESS	11158 STONYBROOK LN.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH, FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKSTEIN, HERMAN	5.2 NAME	
STREET ADDRESS	11142 STONYBROOK LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	5.4 CITY-ST-ZIP	
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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: *[Signature]* **3/19/98 561-734-8005**

CP2E037 (10/97)