

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 769500 (0)

1. Corporation Name

ANCIENT OAKS R.V. RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

6407 SE US 441
OKEECHOBEE FL 34974
US

Mailing Address

6407 SE US 441
OKEECHOBEE FL 34974
US



3. Date Incorporated or Qualified
07/20/1983

3a. Date of Last Report
06/28/1995

4. FEI Number
59-2392896

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CREECH, HOMER

~~6407 SE 441~~

OKEECHOBEE FL 34974

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5235 SE 64th Av

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

Homer Creech

(NOTE: Registered Agent signature required when re-registering)

DATE 3/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME FORBES, DONALD
STREET ADDRESS 8056 STILLBROOKE RD
CITY-ST-ZIP MANASSAS VA ☒ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME PAINTER, SUCHY
STREET ADDRESS 1405 HATHERLEIGH CT
CITY-ST-ZIP RALEIGH NC ☒ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME DUNDY, WILLIAM
2.3 STREET ADDRESS 6547 SE 53th ST.
2.4 CITY-ST-ZIP OKEECHOBEE, FL. 34974

TITLE D
NAME NEILLY, WILLIAM
STREET ADDRESS 4162 SW BIMIREI CIRCLE NO.
CITY-ST-ZIP PALM CITY FL 34990 ☒ DELETE

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME PAINTER, BERNARD
3.3 STREET ADDRESS PO BOX 37
3.4 CITY-ST-ZIP WILMINGTON, OH 44842

TITLE T
NAME FORBES, DONALD
STREET ADDRESS 8056 STILL BROOK RD
CITY-ST-ZIP MANASSAS VA 22111 ☒ DELETE

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME V.P. GARRETT, GORDON
4.3 STREET ADDRESS RR 1 BOX 57
4.4 CITY-ST-ZIP PEKHAM, MN. 56575

TITLE D
NAME PAINTER, HARRY
STREET ADDRESS 6407 SE 441
CITY-ST-ZIP OKEECHOBEE FL ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME PAINTER, HARRY
5.3 STREET ADDRESS 5389 SE 64th Av.
5.4 CITY-ST-ZIP OKEECHOBEE, FL. 34974

TITLE VP
NAME CREECH, HOMER
STREET ADDRESS 6407 SE US 441
CITY-ST-ZIP OKEECHOBEE FL ☐ DELETE

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME CREECH, HOMER
6.3 STREET ADDRESS 5235 SE 64th Av.
6.4 CITY-ST-ZIP OKEECHOBEE, FL. 34974

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:

Homer Creech
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96 941-467-6677
Date Telephone #

CR2E037 (12/95)