


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N05315** (9)  
1. Corporation Name  
**CONTINENTAL OAKS III HOMEOWNERS ASSOCIATION, INC**

|   |   |
|---|---|
| Principal Place of Business<br><b>P.O. BOX 37040<br/>TALLAHASSEE FL 32315</b> | Mailing Address<br><b>P.O. BOX 37040<br/>TALLAHASSEE FL 32315</b> |
|---|---|

3. Date Incorporated or Qualified

**09/24/1984**

4. FEI Number

**59-2765557**

Applied For

Not Applicable

|                                |                        |
|--------------------------------|------------------------|
| 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 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

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

10. Name and Address of New Registered Agent

**SAULS, JAMES S.  
1121 OCALA ROAD  
TALLAHASSEE FL 32304**

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 617.0502, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/4/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | <b>PD</b>                    | <input type="checkbox"/> DELETE            |
| NAME           | <b>SAULS, JAMES S.</b>       |  |
| STREET ADDRESS | <b>1121 OCALA ROAD</b>       |  |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL</b>        |  |
| TITLE          | <b>VD</b>                    | <input type="checkbox"/> DELETE            |
| NAME           | <b>BOULAND, WALLACE</b>      |  |
| STREET ADDRESS | <b>2103 CONTINENTAL AVE.</b> |  |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL</b>        |  |
| TITLE          | <b>SD</b>                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>KANTZLER, MARIETTE</b>    |  |
| STREET ADDRESS | <b>1089 OCALA ROAD</b>       |  |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL</b>        |  |
| TITLE          | <b>T</b>                     | <input type="checkbox"/> DELETE            |
| NAME           | <b>SMITH, MARY</b>           |  |
| STREET ADDRESS | <b>2103 CONTINENTAL AVE.</b> |  |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL</b>        |  |
| TITLE          | <b>D</b>                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>STARNES, RICHARD</b>      |  |
| STREET ADDRESS | <b>2103 CONTINENTAL AVE.</b> |  |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL</b>        |  |
| TITLE          | <b>D</b>                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>FLEMING, DENA</b>         |  |
| STREET ADDRESS | <b>1087 OCALA RD</b>         |  |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL</b>        |  |

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS | <b>2849 GREEN FOREST LN</b>  |
| 1.4 CITY-ST-ZIP    | <b>Tallahassee, FLA 32302</b>  |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS | <b>Boulant, Wallace</b>  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS | <b>Strong, Marelise</b>  |
| 3.4 CITY-ST-ZIP    | <b>5055 Icele Hill Rd<br/>Tallahassee, Florida 32303</b>                     |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS | <b>Deater, Kimberly</b>  |
| 5.4 CITY-ST-ZIP    | <b>1151 OCALA RD<br/>Tallahassee, Florida 32304</b>                          |
| 6.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS | <b>Strong, Lauren</b>  |
| 6.4 CITY-ST-ZIP    | <b>1115 OCALA RD<br/>Tallahassee, Florida 32304</b>                          |

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]* **4/4/98 224-32314**

CR2E037 (10/97)