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May 30 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 34974-9572  
US



3. Date Incorporated or Qualified  
07/20/1983

3a. Date of Last Report  
04/02/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CREECH, HOMER  
5235 SE 64TH AVE  
OKEECHOBEE FL 34974

81 Name

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

83

84 City

FL

85 Zip Code

1. 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D LUNDY, WILLIAM  
6547 SE 53RD ST  
OKEECHOBEE FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
D LUNDY, WILLIAM  
6547 SE 53RD ST.  
OKEECHOBEE, FL. 34974

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ST RATER, BERNARD  
PO BOX 97  
LOUNDOVILLE OH

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
D FOLTZ, ROBERT  
6473 SE 63RD ST  
OKEECHOBEE, FL. 34974

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP GARRETT, GORDON  
RR1, BOX 57  
PERHAM MN

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
D BEN MUSTOWY  
6657 SE 51ST ST  
OKEECHOBEE, FL. 34974

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D PAINTER, HARRY  
5389 SE 64TH AVE  
OKEECHOBEE FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
D VANE, RICHARD F  
6472 SE 51ST LN.  
OKEECHOBEE, FL. 34974

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P CREECH, HOMER  
5235 SE 64TH AVE  
OKEECHOBEE FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
D BO RADER  
6590 SE 54TH LANE  
OKEECHOBEE, FL. 34974

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
ALL FIVE DIRECTORS  
ARE

14. I do 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: ROBERT FOLTZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)