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Apr 16 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortherm</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769500 (0)

1. Corporation Name

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

Principal Place of Business

Mailing Address

6407 SE US 441  
OKEECHOBEE FL 34974  
US

6407 SE US 441  
OKEECHOBEE FL 34974  
US

3. Date Incorporated or Qualified

07/20/1983

4. FEI Number

59-2392896

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 Country

28 Zip 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

10. Name and Address of New Registered Agent

CREECH, HOMER  
5235 SE 64TH AVE  
OKEECHOBEE FL 34974

81 Name

Lundy, William

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

6547 S.E. 58th ST

83

84 City

Okeechobee

FL

85 Zip Code

34974

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

*William Lundy* William Lundy, President

3-25-98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME LUNDY, WILLIAM  
STREET ADDRESS 6547 S.E. 58RD ST  
CITY-ST-ZIP OKEECHOBEE FL

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

TITLE D ☐ DELETE  
NAME FOLTZ, ROBERT  
STREET ADDRESS 6473 S.E. 53RD ST  
CITY-ST-ZIP LONDONVILLE OH

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME MOSTOWY, BEN  
STREET ADDRESS 6657 S.E. 52ST ST  
CITY-ST-ZIP OKEECHOBEE FL

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME SKOUBO, GARY  
3.3 STREET ADDRESS 6680 SE 54TH ST.  
3.4 CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE D ☐ DELETE  
NAME VANE, RICHARD F  
STREET ADDRESS 6472 S.E. 51ST LANE  
CITY-ST-ZIP OKEECHOBEE FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME RADER, BO  
STREET ADDRESS 6590 S.E. 54TH LANE  
CITY-ST-ZIP OKEECHOBEE FL

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME DOURSON, LEONARD  
5.3 STREET ADDRESS 8820 CAROUSEL PK. CIR. #66  
5.4 CITY-ST-ZIP CINCINNATI, OH 45251

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: *William Lundy* William Lundy, President 3/25/98 941-467-1860

CR2E037 (10/97)