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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769500

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/20/1983	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2392896	
24 Country		29 Country		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LUNDY, WILLIAM 6547 SE 58TH ST OKEECHOBEE FL 34974				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL 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 Thomas Ward Thomas H. Ward March 25, 1999
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 <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUNDY, WILLIAM	1.2 NAME	PFALZGRAF, EUGENE
STREET ADDRESS	6547 S.E. 58RD ST	1.3 STREET ADDRESS	6522 SE 52ND ST
CITY-ST-ZIP	OKEECHOBEE FL	1.4 CITY-ST-ZIP	OKEECHOBEE, FL. 34974
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOLTZ, ROBERT	2.2 NAME	ARMITAGE, CHARLES
STREET ADDRESS	6473 S.E. 53RD ST	2.3 STREET ADDRESS	6665 SE 52ND ST
CITY-ST-ZIP	LOUNDONVILLE OH	2.4 CITY-ST-ZIP	OKEECHOBEE, FL. 34974
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKOVBO, GARY	3.2 NAME	SKOVBO, GARY
STREET ADDRESS	6680 SE 54TH ST	3.3 STREET ADDRESS	6680 SE 54TH ST
CITY-ST-ZIP	OKEECHOBEE FL 34974	3.4 CITY-ST-ZIP	OKEECHOBEE, FL. 34974
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANE, RICHARD F	4.2 NAME	DOURSON, LEONARD
STREET ADDRESS	6472 S.E. 51ST LANE	4.3 STREET ADDRESS	8820 CAROUSEL PK CIR #66
CITY-ST-ZIP	OKEECHOBEE FL	4.4 CITY-ST-ZIP	CINCINNATI, OH 45251
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOURSON, LEONARD	5.2 NAME	LUNDY, WILLIAM
STREET ADDRESS	8820 CAROUSEL PK CIR #66	5.3 STREET ADDRESS	6547 SE 58TH ST
CITY-ST-ZIP	CINCINNATI OH 45251	5.4 CITY-ST-ZIP	OKEECHOBEE, FL. 34974
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: EUGENE PFALZGRAF Eugene Pfalzgraf 25 Mar 99 941-763-6878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
319-377-7505

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