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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

DOCUMENT # N33925

1. Corporation Name

OAKMONT VILLAGE PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business

7181 COLLEGE PARKWAY
SUITE 42
FT MYERS FL 33907
US

Mailing Address

7181 COLLEGE PARKWAY
STE 42
FT MYERS FL 33907
US



2. Principal Place of Business

21 **6213-E PRESIDENTIAL CT**
Suite, Apt. #, etc.

2a. Mailing Address

26 **6213-E PRESIDENTIAL CT**
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

08/28/1989

4. FEI Number

65-0162286

Applied For

Not Applicable

22 City & State

23 **FORT MYERS FL**

27 City & State

28 **FORT MYERS FL**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 **33919** 25 **USA**

29 **33919** 30 **USA**

9. Name and Address of Current Registered Agent

COLDIRON NANCY
7181 COLLEGE PARKWAY
STE 42
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name **CAROL J. HENKE**
82 Street Address (P.O. Box Number is Not Acceptable)
C/O HENKE PROPERTY MGT. INC.
83 **6213-E PRESIDENTIAL CT**
84 City **FORT MYERS FL** 85 Zip Code **33919**

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 **Carol J. Henke**

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

(NOTE: Registered Agent signature required when reinstating)

4-17-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	PERKINS, NOEL	
STREET ADDRESS	5965 TRAILWINDS DRIVE, #1115	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUTCHER, KATHY	
STREET ADDRESS	5865 TRAILWINDS DRIVE #612	
CITY-ST-ZIP	FT MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RUTHERFORD, JOANNE	
STREET ADDRESS	585 TRAILWINDS DR #222	
CITY-ST-ZIP	FT MYERS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GILLILAND, ALFRED	
STREET ADDRESS	5845 TRAILWINDS DRIVE, #522	
CITY-ST-ZIP	FT MYERS FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	GREEF, DAVID	
STREET ADDRESS	5925 TRAILWINDS DRIVE, #912	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	33907	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BILL GOLLADAY	
2.3 STREET ADDRESS	5985 TRAILWINDS DR #914	
2.4 CITY-ST-ZIP	FORT MYERS FL 33907	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	5785 TRAILWINDS DR #222	
3.4 CITY-ST-ZIP	33907	
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ELAINE ANDERSON	
4.3 STREET ADDRESS	5945 TRAILWINDS DR #1024	
4.4 CITY-ST-ZIP	FORT MYERS FL 33907	
5.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	33907	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an attachment with an address with all other like empowered.

SIGNATURE:

DAVID GREEF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

941-481-7150

Daytime Phone #

CR2E037 (1/98)