2001 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # N33925

1. Entity Name

Principal Place of Business

OAKMONT VILLAGE PROPERTY OWNERS ASSOCIATION, INC

FILED May 11, 2001 8:00 am Secretary of State

05-11-2001 90073 007 ****61.25

6213 A PRESID FT MYERS FL : US		6213 A PRESIDENTIAL CT FT MYERS FL 33919 US) TRANSPI EDE II			1 1:1 (1 1 :1 (1	
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State		DO NOT WRITE IN THIS SPACE				
				4. FEI Number 65-0162286 Applied For Not Applica				
Zip Country		Zip	Country	5. Certificate of Sta	atus Desired		ional	
6. Name and Address of Current Re		Registered Agent		7. Name and Add	7. Name and Address of New Registered Agent			
			Name					
HENKE, CAROL J			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
C/O HENI	KE PROPERTY MGT INC							
	RESIDENTAIL CT		0.7			Zip Code		
FT MYERS FL 33919			City		FL Zip Code			
SIGNATURE.	Signature, typed or printed name of registered agent							
FILE NOW: FEE IS \$61.25				\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIE	RECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIR	ECTORS IN	10	
TITLE	PD	☐ Delete	TITLE			Change	Addition	00/
NAME	APPLETON, SHERBURNE		NAME					CR2E037 (10/00)
STREET ADDRESS	5765 TRAILWINDS DR #114		STREET ADDRESS					337
CITY-ST-ZIP	FORT MYERS FL 33907		CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			ZE
TITLE	VPD	☐ Delete	TITLE	70		X Change	☐ Addition	5
NAME	BEAUBIEN, WILLIAM		NAME STREET ADDRESS					
STREET ADDRESS	1 0000		CITY-ST-ZIP					
CITY-ST-ZIP	FORT MYERS FL 33907 SD	Flau	TITLE	VP		∑ Change	Addition	
TITLE NAME	MYERS, JIM	☐ Delete	NAME	١٧٢		A change		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	FORT MYERS FL 33907		CITY-ST-ZIP					
TITLE	TD	☐ Delete	TITLE	NP		Change	Addition	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other-like empowered.

CITY-ST-ZIP

NAME

TITLE

TITLE

NAME STREET ADDRESS

☐ Delete

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

SIGNATURE: _

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SMITH-WRAY.

BRIGGS, GLENN

5985 TRAILWINDS DR

FORT MYERS FL 33907

FORT MYERS FL 33907

DOHRING, GERHARD

5965 TRAILWINDS DR #1125

5785 TRAILWINDS DR #224

FORT MYERS FL 33907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

4/4/d)

Daytime Phone #

Change

☐ Change

Addition

Addition

OAKMONT VZUAGE PROPERTY CHINERS OFFICERS & DIRECTORS CONT,

ROBERT LEAKE 5805 Trailwinds Drive #313 Fort Myers, FL 33907

Additions

DIRECTOR

FRED NASH

5845 Trailwinds Drive #523

Fort Myers, FL 33907

DIRECTOR

WILLIAM RICHARDSON

5865 Trailwinds Drive #625

Fort Myers, FL 33907

DIRECTOR

MELVIN FULLER

5825 Trailwinds Drive #421

Fort Myers, FL 33907