## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N33925

FILED Mar 30, 2010 Secretary of State

Entity Name: OAKMONT VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O RESORT MANAGEMENT 26850 HORSESHOE DR. SOUTH #215 NAPLES, FL 34104 US

Current Mailing Address: New Mailing Address:

C/O RESORT MANAGEMENT 26850 HORSESHOE DR. SOUTH #215 NAPLES, FL 34104 US

FEI Number: 65-0162286 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RUTHERFORD, JOANNE 5785 TRAILWINDS DR # 222 FORT MYERS, FL 33907 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: SD

Name: HOPPERSTAD, AMY
Address: 5905 TRAILWINDS DR. #833
City-St-Zip: FORT MYERS, FL 33907

Title: S

Name: BELIDA, ANNE

Address: 5945 TRAIL WINDS DR. #1012 City-St-Zip: FORT MYERS, FL 33907

Title:

Name: APPLETON, IRENE

Address: 5765 TRAILWINDS DRIVE #114 City-St-Zip: FORT MYERS, FL 33907

Title: PD

Name: RUTHERFORD, JOANNE
Address: 5785 TRAILWINDS DRIVE, #222
City-St-Zip: FORT MYERS, FL 33907

Title: VPD

Name: FULLER, MEL

Address: 5825 TRAILWINDS DRIVE # 421 City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOANNE RUTHERFORD P 03/30/2010