

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004952

**Entity Name:** OAKMONT ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O FIRSTSERVICE RESIDENTIAL, INC.  
12794 W. FOREST HILL BLVD. SUITE31  
WELLINGTON, FL 33414

**Current Mailing Address:**

C/O FIRSTSERVICE RESIDENTIAL, INC.  
12794 W. FOREST HILL BLVD. SUITE31  
WELLINGTON, FL 33414 US

**FEI Number:** 06-1712574

**Certificate of Status Desired:** No

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

SIEGFRIED, RIVERA, HYMAN, LERNER, DE LA TORRE, MARS & SOBEL, P.A.  
201 ALHAMBRA CIRCLE, 11TH FLOOR  
CORAL GABLES, FL 33134 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:** SIEGFRIED, RIVERA, HYMAN, LERNER, DE LA TORRE, MARS & SOBEL, P.A. 04/21/2016  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

Title DVP  
Name BUEHLER, MATTHEW  
Address C/O FIRST SERVICE RESIDENTIAL  
12794 W. FOREST HILL BLVD. SUITE  
31  
City-State-Zip: WELLINGTON FL 33414

Title DP  
Name MUSARRA, ANTHONY  
Address C/O FIRST SERVICE RESIDENTIAL  
12794 W. FOREST HILL BLVD. SUITE  
31  
City-State-Zip: WELLINGTON FL 33414

Title DVP  
Name COLE, RONALD  
Address C/O FIRST SERVICE RESIDENTIAL  
12794 W. FOREST HILL BLVD. SUITE  
31  
City-State-Zip: WELLINGTON FL 33414

Title DSEC  
Name GOLDBERG, JONATHAN  
Address C/O FIRST SERVICE RESIDENTIAL  
12794 W. FOREST HILL BLVD. SUITE  
31  
City-State-Zip: WELLINGTON FL 33414

Title DT  
Name BERTONE, RONALD  
Address C/O FIRST SERVICE RESIDENTIAL  
12794 W. FOREST HILL BLVD. SUITE  
31  
City-State-Zip: WELLINGTON FL 33414

*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:** ANTHONY MUSARRA PRESIDENT 04/21/2016  
Electronic Signature of Signing Officer/Director Detail Date