

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

DOCUMENT# N33925

**Entity Name:** OAKMONT VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 65-0162286

**Certificate of Status Desired:** No

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

PAVESE LAW FIRM  
1833 HENDRY ST.  
FORT MYERS, FL 33901 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

**Officer/Director Detail :**

Title P  
Name WEBER, TERRY  
Address 1543 BAY HILL DRIVE  
City-State-Zip: NEW LENNOX IL 60451  
  
Title VP  
Name HOPPERSTAD, AMY  
Address 5905 TRAILWINDS DRIVE # 833  
City-State-Zip: FT. MYERS FL 33907  
  
Title SECRETARY  
Name HOLLOWAY, LORRAINE  
Address 5965 TRAILWINDS DR #1122  
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR  
Name MARTINEAU, WILLIAM  
Address 5885 TRAILWINDS DRIVE # 713  
City-State-Zip: FORT MYERS FL 33907  
  
Title TREASURER  
Name REICHELT, DAVE  
Address 5845 TRAILWINDS DRIVE #  
City-State-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: TERRY WEBER**

**PRESIDENT**

**03/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date