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FILED

Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750311 (3)

1. Corporation Name

OAKMONT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O MIKE MANGURIAN 5970 N.E. 18TH AVE. #711 FT. LAUDERDALE FL 33308	Mailing Address C/O MIKE MANGURIAN 5970 N.E. 18TH AVE. #711 FT. LAUDERDALE FL 33308-2104
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3. Date Incorporated or Qualified **12/20/1979** 3a. Date of Last Report **02/22/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number **84-0611917** Applied For ☐ Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent MANGURIAN, MIKE 5970 N.E. 18TH AVE. SUITE 711 FT. LAUDERDALE FL 33334	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
VDT MANGURIAN, PIERCE P.O. BOX 3460 N/A PAGOSA SPRINGS FL CO	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD MANGURIAN, MICHAEL 0015 N.E. 88TH ST. FT. LAUDERDALE FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
S SCHNEK, JOHN 302 8TH STREET, SUITE 310 GLENWOOD SPRINGS CO	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
D MANGURIAN, DONNA 5970 N.E. 18TH AVE #711 FT. LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
D MANGURIAN, DONNA 5970 N.E. 18TH AVE #711 FT. LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
D MANGURIAN, DONNA 5970 N.E. 18TH AVE #711 FT. LAUDERDALE, FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VDT MANGURIAN, PIERCE PO BOX 3460 N/A PAGOSA SPRINGS, CO	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD MANGURIAN, MICHAEL 5970 N.E. 18TH AVE. #711 FT. LAUDERDALE FL	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D MANGURIAN, DONNA 5970 N.E. 18TH AVE #711 FT. LAUDERDALE, FL	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D MANGURIAN, DONNA 5970 N.E. 18TH AVE #711 FT. LAUDERDALE, FL	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D MANGURIAN, DONNA 5970 N.E. 18TH AVE #711 FT. LAUDERDALE, FL	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D MANGURIAN, DONNA 5970 N.E. 18TH AVE #711 FT. LAUDERDALE, FL	

14. I do 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 on an attachment with an address.

SIGNATURE: Mike Mangurian / MIKE MANGURIAN 3/5/97 954.772-8686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034280

CR2E037 (9/96)