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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

448318 - 90199 - 31

DOCUMENT # **N05315**

1. Corporation Name
CONTINENTAL OAKS III HOMEOWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
P.O. BOX 37040 TALLAHASSEE FL 32315	P.O. BOX 37040 TALLAHASSEE FL 32315

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	09/24/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2765557 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SAULS, JAMES S.
1121 OCALA ROAD
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name: Betty Capps
82 Street Address (P.O. Box Number is Not Acceptable): 1471 Capitol Circle NW Suite B
83: Tallahassee
84 City: FL 85 Zip Code: 32303

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: Betty Capps. (Signature, typed or printed name of registered agent and title if applicable.) Betty Capps (NOTE: Registered Agent signature required when reinstating) DATE: 4/27/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	SAULS, JAMES S.		1.2 NAME	Wallace Bourland
STREET ADDRESS	2849 GREEN FOREST LANE		1.3 STREET ADDRESS	2103 Continental Ave.
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	VD	☐ DELETE	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	BOURLANA, WALLACE		2.2 NAME	Randy Lane
STREET ADDRESS	2103 CONTINENTAL AVE.		2.3 STREET ADDRESS	2901 Terry Road 32312
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	Tallahassee, FL ~~32314~~
TITLE	D	☐ DELETE	3.1 TITLE	S/T D ☒ Change ☐ Addition
NAME	STONG, MAAELINE		3.2 NAME	Mary Smith
STREET ADDRESS	5055 ICICLE HILL RA		3.3 STREET ADDRESS	Route 2 Box 392 A
CITY-ST-ZIP	TALLAHASSEE FL 32303		3.4 CITY-ST-ZIP	Havana, FL 32333
TITLE	T	☐ DELETE	4.1 TITLE	D ☒ Change ☐ Addition
NAME	SMITH, MARY		4.2 NAME	James Sauls
STREET ADDRESS	2103 CONTINENTAL AVE.		4.3 STREET ADDRESS	2849 Green Forest Lane
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	Tallahassee, FL
TITLE	SA	☒ DELETE	5.1 TITLE	D ☒ Change ☐ Addition
NAME	DEATER, KIMBERLY		5.2 NAME	Madeline Strong
STREET ADDRESS	1151 OCALA RD		5.3 STREET ADDRESS	5055 Icicle Hill
CITY-ST-ZIP	TALLAHASSEE FL 32304		5.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	D	☒ DELETE	6.1 TITLE	D ☐ Change ☐ Addition
NAME	STRONG, LAUREN		6.2 NAME	Dallas Marshall
STREET ADDRESS	1115 OCALA RD		6.3 STREET ADDRESS	1605 Paula Drive
CITY-ST-ZIP	TALLAHASSEE FL 32304		6.4 CITY-ST-ZIP	Tallahassee, FL

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Mary Smith SIGNATURE REQUIRED — April 27, 1999 — 576-5165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #