

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90093 034 ****61.25

007218

DOCUMENT # N28977

1. Corporation Name

THE OAKS OF HARDEE COUNTY PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

THE OAKS ASSOCIATION
P O BOX 658
ZOLFO SPGS FL 33890
US

Mailing Address

P. O. BOX 658
ZOLPHO SPRINGS FL 33890
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/24/1988

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BAKER, FRANCIS JR.
171 TALL OAKS TRAIL
ZOLFO SPRINGS FL 33890

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

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 Suzanne M Bowes TREAS
Signature, typed or printed name of registered agent and title if applicable.

SUZANNE M BOWES TREAS
(NOTE: Registered Agent signature required when reinstating)

2.11.99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME BAKER, FRANCIS JR.
STREET ADDRESS 171 TALL OAKS TRAIL
CITY-ST-ZIP ZOLFO SPRINGS FL 33890

TITLE TD ☒ DELETE
NAME OLESEN, FRANCES M
STREET ADDRESS 5164 DEER RUN DR - PO BOX 528
CITY-ST-ZIP ZOLFO SPRINGS FL 33890

TITLE SD ☐ DELETE
NAME SEPLH, YVONNE
STREET ADDRESS 168 TALL OAKS TRAIL PO BOX 67
CITY-ST-ZIP ZOLFO SPRINGS FL 33890

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE TD ☒ Change ☒ Addition
2.2 NAME BOWES, SUZANNE M.
2.3 STREET ADDRESS 123 GOLDEN OAKS RD
2.4 CITY-ST-ZIP ZOLFO SPRINGS FL 33890

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Suzanne M Bowes TREAS 2.11.99 941.735.2324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)