

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33924 (4)

1. Corporation Name

OAKMONT VILLAGE AT THE HIDEWAY COUNTRY CLUB COND
OMINIUM NO. 9 ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7181 COLLEGE PARKWAY
SUITE 42
FT. MYERS FL 33907
US

7181 COLLEGE PARKWAY
SUITE 42
FT. MYERS FL 33907
US

3. Date Incorporated or Qualified
08/28/1989

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
65-0162285

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution 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

10. Name and Address of New Registered Agent

COLDIRON, NANCY
7181 COLLEGE PARKWAY
SUITE 42
FT. MYERS FL 33907

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☒ DELETE
NAME WHEELER, EDGAR
STREET ADDRESS 5925 TRAILWINDS DR., #925
CITY-ST-ZIP FORT MYERS FL

TITLE PD ☐ DELETE
NAME MALONEY, RANDOLPH
STREET ADDRESS 5925 TRAILWINDS DR. #924
CITY-ST-ZIP FORT MYERS FL

TITLE STD ☒ DELETE
NAME BRAHNEY, PAUL
STREET ADDRESS 5925 TRAILWINDS, DR. #923
CITY-ST-ZIP FORT MYERS FL

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 VPD ☒ Change ☐ Addition
1.2 NAME Mann, John
1.3 STREET ADDRESS 5925 Trailwinds DR. #922
1.4 CITY-ST-ZIP Fort Myers, FL 33907

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE STD ☒ Change ☐ Addition
3.2 NAME Anderson, Robert
3.3 STREET ADDRESS 5925 Trailwinds DR. #926
3.4 CITY-ST-ZIP Fort Myers, FL 33907

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

5.1 TITLE 000001780910 ☐ Change ☐ Addition
5.2 NAME -04/15/96--01119--013
5.3 STREET ADDRESS ***61.25
5.4 CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)