

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N33924 (4)

1. Corporation Name

OAKMONT VILLAGE AT THE HIWAYWAY 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 33907-5641  
US

3. Date Incorporated or Qualified  
08/28/1989

3a. Date of Last Report  
04/15/1996

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  
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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD ☒ DELETE  
NAME MANN, JOHN  
STREET ADDRESS 5925 TRAILWINDS DR. #922  
CITY-ST-ZIP FORT MYERS FL 33907

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

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

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

TITLE STD ☐ DELETE  
NAME ANDERSON, ROBERT  
STREET ADDRESS 5925 TRAILWINDS DR. #926  
CITY-ST-ZIP FORT MYERS FL 33907

3.1 TITLE D/President ☒ Change ☐ Addition  
3.2 NAME ANDERSON, BOB  
3.3 STREET ADDRESS 5925 TRAILWINDS DR. #926  
3.4 CITY-ST-ZIP FT. MYERS, FL 33907

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE D/VP ☐ Change ☒ Addition  
4.2 NAME Arman, Cliff  
4.3 STREET ADDRESS 5925 Trailwinds Drive #921  
4.4 CITY-ST-ZIP Fort Myers, FL 33907

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE DST ☐ Change ☒ Addition  
5.2 NAME Bush, William  
5.3 STREET ADDRESS 5925 Trailwinds Drive #915  
5.4 CITY-ST-ZIP Fort Myers, FL 33907

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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.

CR2E037 (9/96)