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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

Principal Place of Business

N33924

(4)

Mailing Address

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

FILED

Apr 30 1998 8:00am Secretary of State

TARBILINA KAR KURA	I KAPIN ANDAN KANT	I BLAL BEAM AINII	MARIT GLANT ALGII	Miner Man

7181 COLLEGE PARKWAY SUITE 42 FT. MYERS FL 33907		SUITE 42			3. Date Incorporated or Qualified  08/28/1989					
	33907		FT. MYERS FL 33	907			4. FEI Number	<del></del>		Applied For
US			US				65-0162285		-	Not Applicable
Principal Pla	on of Busine	:e	2a. Mailing Addre	220			03-0102263			
. Principal Place of Business  Suite, Apt. #, etc		26				5. Certificate of Status Desired			5 Additional Required	
		h	Suite, Apt. #, etc.		Election Campaign Financing     Trust Fund Contribution     Added to Fees					
City & State		·_ ····	City & State				7. Is this nonprofit corporation a		s associ	ation?
Zip		Country	28 7in		Country		<del>                                      </del>			
¬ `	<u> </u>	.T	Zip	-	- ´		This corporation owes or has     Personal Property Tax due Ju		rent yea 🖳 Yes	ntangible
<u> </u>	A Name a	d Address of Curre	ent Registered Agent		<u>ol</u>		10. Name and Address of New			
-	<b>p.</b> (12/1/0 d)	IN PROPERTY OF COURT	ont neglision regula		81	Name	10. 110.110 1110 1101	Trogressor De .		
					1	Harrio				
	IN, NANCY				82	Street Add	fress (P.O. Box Number is Not Accep	dable)		
	LLEGE PAR	KWAY			83					
SUITE 42	: RS FL 33 <b>9</b> 07	,				L				
	10 1 2 0000				84	City		FL.	65	Zip Code
office or re agent I an	gistered ager 1 familiar with	t, or both, in the State	te of Florida Such chang	ge was aut	thorized by	the corners	poration submits this statement for thation's board of directors. I hereby ac	cept the app	ointmen	as registered
CALATURE		and decopy and object	galions of, accion 617.	usus, rione	da Sialules	).				
IGNATURE _	ilgnature, typied or	printed name of registered a	gent and little if applicable				uired when reinstating)	DATE		
		printed name of registered a	gent and title if applicable ND DIRECTORS	(NOTE: F	Registered Age			DATE	DIREC	
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Z, TLE AME	DVP ARMAN, (	OFFICERS AT	gent and life if applicable ND DIRECTORS	(NOTE: F	Hegistered Age	nt signatura requ	uired when reinstating)	DATE	DIREC	
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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:

4/33/98 (941) 279-1171