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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N33924

1. Corporation Name

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

Principal Place of Business

7181 COLLEGE PARKWAY
SUITE 42
FT. MYERS FL 33907
US

Mailing Address

7181 COLLEGE PARKWAY
SUITE 42
FT. MYERS FL 33907
US



2. Principal Place of Business

21 **6213-E PRESIDENTIAL CT**

Suite, Apt. #, etc.

22 City & State

23 **FORT MYERS, FL**

24 Zip **33919** 25 Country **USA**

2a. Mailing Address

26 **6213-E PRESIDENTIAL CT**

Suite, Apt. #, etc.

27 City & State

28 **FORT MYERS, FL**

29 Zip **33919** 30 Country **USA**

3. Date Incorporated or Qualified

08/28/1989

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **CAROL J. HENKE**

82 Street Address (P.O. Box Number is Not Acceptable)

6213-E PRESIDENTIAL CT

83

84 City **FORT MYERS**

FL

85 Zip Code **33919**

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 **Carol J. Henke**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-17-99
DATE

12. OFFICERS AND DIRECTORS

TITLE **DVP** ☐ DELETE

NAME **ARMAN, CLIFF**
STREET ADDRESS **5925 TRAILWINDS DRIVE #921**
CITY-ST-ZIP **FORT MYERS FL**

TITLE **DST** ☐ DELETE

NAME **BUSH, WILLIAM**
STREET ADDRESS **5925 TRAILWINDS DRIVE #915**
CITY-ST-ZIP **FORT MYERS FL**

TITLE **DP** ☐ DELETE

NAME **ANDERSON, BOB**
STREET ADDRESS **5925 TRAILWINDS DR #926**
CITY-ST-ZIP **FT 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 ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

33907

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

33907

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

33907

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:

WILLIAM BUSH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 278-5918
Date Daytime Phone #

CR2E037 (11/98)