

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N35523 (2)

1. Corporation Name

OAKMONT VILLAGE AT THE HIDEAWAY COUNTRY CLUB CON  
DOMINIUM NO. 8 ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7181 COLLEGE PKWY.  
SUITE 42  
FT. MYERS FL 33907  
US

7181 COLLEGE PARKWAY  
SUITE 42  
FT. MYERS FL 33907  
US

3. Date Incorporated or Qualified

12/04/1989

3a. Date of Last Report

02/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0181481

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 not sitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD  
NAME MCCLURE, KATHERINE E  
STREET ADDRESS 5905 TRAILWINDS DRIVE, UNIT 826  
CITY-ST-ZIP FORT MYERS FL ☐ DELETE

TITLE PD  
NAME KELSKEY, JOSEPH  
STREET ADDRESS 5905 TRAILWINDS DRIVE, UNIT 824  
CITY-ST-ZIP FORT MYERS FL ☒ DELETE

TITLE VPD  
NAME FINE, TED  
STREET ADDRESS 5905 TRAILWINDS #815  
CITY-ST-ZIP FT MYERS FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE VP/Dir ☒ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE PD ☒ Change ☐ Addition  
22 NAME Dennis Bell  
23 STREET ADDRESS 5905 Trailwinds DR. #821  
24 CITY-ST-ZIP Fort Myers, FL 33907

31 TITLE S/T + Dir ☒ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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

J. D. BELL

Mar 22/96

Daytime Phone #

941-275-5644

CR2E037 (12/95)