


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35523 (2)
1. Corporation Name
**OAKMONT VILLAGE AT THE HIDEAWAY COUNTRY CLUB CON
DOMINIUM NO. 8 ASSOCIATION, INC.**



Principal Place of Business 7181 COLLEGE PKWY. SUITE 42 FT. MYERS FL 33907 US		Mailing Address 7181 COLLEGE PARKWAY SUITE 42 FT. MYERS FL 33907-5641 US		3. Date Incorporated or Qualified 12/04/1989	3a. Date of Last Report 03/28/1996
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0181481		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLURE, KATHERINE E	1.2 NAME	
STREET ADDRESS	5905 TRAILWINDS DRIVE, UNIT 826	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, DENNIS	2.2 NAME	
STREET ADDRESS	5905 TRAILWINDS DR, SUITE 821	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINE, TED	3.2 NAME	
STREET ADDRESS	5905 TRAILWINDS #815	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D/President
STREET ADDRESS		4.3 STREET ADDRESS	Taylor, William
CITY-ST-ZIP		4.4 CITY-ST-ZIP	5905 Trailwinds Drive #825 Fort Myers, FL 33907
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D/VP
STREET ADDRESS		5.3 STREET ADDRESS	Huttenhoff, Dot
CITY-ST-ZIP		5.4 CITY-ST-ZIP	5905 Trailwinds Drive #815 Fort Myers, FL 33907
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* (941) 277-1171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0065323

CR2E037 (9/96)