


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N36390 (5)**

1. Corporation Name  
**OAKMONT VILLAGE AT THE HIDEAWAY COUNTRY CLUB CON DOMINIUM NO.7 ASSOCIATION, INC.**

Principal Place of Business <b>7181 COLLEGE PKWY STE 42 FT MYERS FL 33907 US</b>	Mailing Address <b>7181 COLLEGE PKWY STE 42 FT MYERS FL 33907 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**COLDIRON, NANCY  
7181 COLLEGE PKWY  
STE 42  
FT MYERS FL 33907**

3. Date Incorporated or Qualified <b>01/26/1990</b>	4. FEI Number <b>65-0398469</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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	<b>PO</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEEDY, VANGINE</b>	1.2 NAME	
STREET ADDRESS	<b>14591 OLDE HICKORY BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>S/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHOBER, DOROTHY</b>	2.2 NAME	
STREET ADDRESS	<b>5885 TRAILWINDS DR, #716</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOYCE, JEAN</b>	3.2 NAME	
STREET ADDRESS	<b>5885 TRAILWINDS DR. #721</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL 33907</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>P/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Beaubien William</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>5885 Trailwinds DR. # 725</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Fort Myers, FL</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>VP/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Doherty, Carol</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>5885 Trailwinds DR #724</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Fort Myers, FL</b>
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 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: *William J. Beaubien 4/9/98 (941) 277-1191*

CR2E037 (10/97)