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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N36390

1. Corporation Name

OAKMONT VILLAGE AT THE HIDEAWAY COUNTRY CLUB CON
DOMINIUM NO.7 ASSOCIATION, INC.

Principal Place of Business

7181 COLLEGE PKWY
STE 42
FT MYERS FL 33907
US

Mailing Address

7181 COLLEGE PKWY
STE 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

01/26/1990

4. FEI Number

65-0398469

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 PKWY
STE 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 PD
NAME BEAUBIEN, WILLIAM
STREET ADDRESS 5885 TRAILWINDS DR 725
CITY-ST-ZIP FT MYERS FL

TITLE STD
NAME SCHOBBER, DOROTHY
STREET ADDRESS 5885 TRAILWINDS DR, #716
CITY-ST-ZIP FT MYERS FL

TITLE VPD
NAME DOHERTY, CAROL
STREET ADDRESS 5885 TRAILWINDS DR 724
CITY-ST-ZIP FT MYERS FL 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 33907

2.1 TITLE S/T/D
2.2 NAME JEAN BURRELL
2.3 STREET ADDRESS 5885 TRAILWINDS DR. # 722
2.4 CITY-ST-ZIP FORT MYERS FL 33907

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 33907

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 Beaubien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99

Date

936-5453

Daytime Phone #

CR2E037 (11/98)