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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:08

DOCUMENT # **N42973** **(0)**

1. Corporation Name

OAK POND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8642 EAST SORA COURT INVERNESS FL 32650	8642 EAST SORA COURT INVERNESS FL 32650

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/11/1991**
3a. Date of Last Report: **04/20/1994**
4. FEI Number: **59-3052082** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HAYNES, ELIZABETH N.
8642 E SORA CT
INVERNESS FL 32650

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	Director ☒ Change ☐ Addition
NAME	~~CHASE, WARREN L~~	12 NAME	Kirchen, Eva
STREET ADDRESS	~~1389 S PURPLE MARTIN TER~~	13 STREET ADDRESS	1385 S. Dovekieter
CITY-ST-ZIP	~~INVERNESS FL~~	14 CITY-ST-ZIP	Inverness, FL. 34450
TITLE	DT	21 TITLE	☐ Change ☐ Addition
NAME	HAINES, ELIZABETH	22 NAME	
STREET ADDRESS	8642 E SORA CT	23 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	24 CITY-ST-ZIP	
TITLE	DS	31 TITLE	DS ☒ Change ☐ Addition
NAME	~~COLEMAN, BETTY~~ Smith, Thelma	32 NAME	Smith, Thelma
STREET ADDRESS	~~1370 S STARLING DR~~	33 STREET ADDRESS	1300 S. Starling Drive
CITY-ST-ZIP	~~INVERNESS FL~~	34 CITY-ST-ZIP	Inverness, FL. 34450
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CORKREN, MILLIE	42 NAME	
STREET ADDRESS	1354 S PURPLE MARTIN TER	43 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	Director ☒ Change ☐ Addition
NAME	~~JEFFREY, JOHN~~	52 NAME	Lardner, Jackie
STREET ADDRESS	~~1321 S STARLING DR~~	53 STREET ADDRESS	1397 S. Starling Dr.
CITY-ST-ZIP	~~INVERNESS FL~~	54 CITY-ST-ZIP	Inverness, FL. 34450
TITLE	D	61 TITLE	Director ☒ Change ☐ Addition
NAME	~~GORDON, JOHN~~	62 NAME	Shipp, Russell
STREET ADDRESS	~~1360 S STARLING DR~~	63 STREET ADDRESS	1345 S. Dovekie Ter
CITY-ST-ZIP	~~INVERNESS FL~~	64 CITY-ST-ZIP	Inverness FL 34450

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)(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: Elizabeth N. Haynes 3/30/95 904-637-3162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004044