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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name

OAK POND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8642 EAST SORA COURT INVERNESS FL 34450 US	8642 EAST SORA COURT INVERNESS FL 34450-5249 US

3. Date Incorporated or Qualified: **04/11/1991**
3a. Date of Last Report: **04/16/1996**

2. Principal Place of Business	2a. Mailing Address
21 1396 S. Starling Dr.	26 Oak Pond Homeowners
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 1396 S. Starling Dr.
City & State Inverness FL	City & State 28 Inverness, FL
Zip 24 34450 Country 25 Citrus	Zip 29 34450 Country 30 Citrus

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

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
HAYNES, ELIZABETH N. 8642 E SORA CT INVERNESS FL 32650	81 Name: Bonnie L. Holwig 82 Street Address (P.O. Box Number Is Not Acceptable): 1396 S. Starling Drive 83 84 City: Inverness, FL 85 Zip Code: 34450

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: Bonnie L. Holwig — 3-04-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	KIRCHEN, EVA		1.2 NAME	LAFFEY, WILLIAM	
STREET ADDRESS	1385 S DOVEKIETER		1.3 STREET ADDRESS	1316 S. STARLING DRIVE	
CITY-ST-ZIP	INVERNESS FL		1.4 CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	DT BONNIE	☐ DELETE	2.1 TITLE	DT	☒ Change ☐ Addition
NAME	HOLWIG, BINNIE		2.2 NAME	HOLWIG, BONNIE	
STREET ADDRESS	1396 S STARLING DR		2.3 STREET ADDRESS	1396 S. STARLING DRIVE	
CITY-ST-ZIP	INVERNESS FL		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	DUPERRONE, LORRAINE		3.2 NAME	CERRONI, GAIL	
STREET ADDRESS	1380 S DOVEKIE TERR		3.3 STREET ADDRESS	1375 S. STARLING DRIVE	
CITY-ST-ZIP	INVERNESS FL		3.4 CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	D	☐ DELETE	4.1 TITLE	DVP	☒ Change ☐ Addition
NAME	CHASE, WARREN		4.2 NAME	CHASE, WARREN	
STREET ADDRESS	1389 S PURPLE MARTIN TERR		4.3 STREET ADDRESS	1389 S. PURPLE MARTIN TERR.	
CITY-ST-ZIP	INVERNESS FL		4.4 CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	DP	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	HAYS, STERLING		5.2 NAME	STREUBEL, DONALD	
STREET ADDRESS	8641 E SORA CT		5.3 STREET ADDRESS	1322 S. STARLING DRIVE	
CITY-ST-ZIP	INVERNESS FL		5.4 CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	V	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	HAYNES, ELIZABETH N		6.2 NAME	PERONE, RALPH	
STREET ADDRESS	8642 E SORA CT		6.3 STREET ADDRESS	1360 S. STARLING DRIVE	
CITY-ST-ZIP	INVERNESS FL		6.4 CITY-ST-ZIP	INVERNESS, FL 34450	

CR2E037 (9/96)

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: Bonnie L. Holwig REQUIRED — 3-04-97 — (352) 344-4171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0065324