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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
1396 S STARLING DR INVERNESS FL 34450 US	1396 S STARLING DR INVERNESS FL 34450 US

3. Date Incorporated or Qualified: 04/11/1991

4. FEI Number: 59-3052082 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOLWIG, BONNIE L
1396 S STARLING DR
INVERNESS FL 34450

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

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 3-11-98
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	P	☒ DELETE	1.1 TITLE	DVP	☐ Change ☒ Addition
NAME	LAFFEY, WILLIAM		1.2 NAME	Raymond R. Whitcomb	
STREET ADDRESS	1316 S STARLING DR		1.3 STREET ADDRESS	1399 Dove Loop	
CITY-ST-ZIP	INVERNESS FL		1.4 CITY-ST-ZIP	Inverness, FL 34450	
TITLE	DT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOLWIG, BONNIE		2.2 NAME		
STREET ADDRESS	1396 S STARLING DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		2.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	DUPERRONE, LORRAINE		3.2 NAME	James Ron Greenaway	
STREET ADDRESS	1380 S DOVEKIE TERR		3.3 STREET ADDRESS	1335 S. Dovekie Ter.	
CITY-ST-ZIP	INVERNESS FL		3.4 CITY-ST-ZIP	Inverness, FL 34450	
TITLE	DVP	☐ DELETE	4.1 TITLE	P	☒ Change ☐ Addition
NAME	CHASE, WARREN		4.2 NAME	Warren Chase	
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, FLA 34450	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	CERRONI, GAIL		5.2 NAME	Cleva Rowden	
STREET ADDRESS	1375 S STARLING DR		5.3 STREET ADDRESS	8432 Bums Ct.	
CITY-ST-ZIP	INVERNESS FL		5.4 CITY-ST-ZIP	Inverness, FL 34450	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STREUBEL, DONALD		6.2 NAME		
STREET ADDRESS	1322 S STARLING DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Bonnie L. Holwig (Bonnie L. Holwig) 3-11-98 (352)344-4171