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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N42973**

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

2. Principal Place of Business	2a. Mailing Address
21 1399 S DOVE LOOP	26 1399 S DOVE LOOP
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 INVERNESS, FL	City & State 28 INVERNESS, FL
Zip 24 34450 Country 25 CITRUS	Zip 29 34450 Country 30 CITRUS

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

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

5. Certifcate 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

HOLWIG, BONNIE L
1396 S STARLING DR
INVERNESS FL 34450

10. Name and Address of New Registered Agent

81 Name: WHITCOMB, RAYMOND F.
82 Street Address (P.O. Box Number is Not Acceptable): 1399 S DOVE LOOP
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: Raymond F. Whitcomb RAYMOND F. WHITCOMB 3-03-99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP WHITCOMB, RAYMOND F 1399 DOVE LOOP INVERNESS FL 34450	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DST WHITCOMB, RAYMOND F. 1399 S DOVE LOOP INVERNESS, FL 34450	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HOLWIG, BONNIE 1396 S STARLING DR INVERNESS FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D CARLSON, CHESTER 8570 E YELLOW LEG CT INVERNESS, FL 34450	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GREENAWAY, JAMES RON 1335 S DOVEKIE TERR INVERNESS FL 34450	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V HELDER, GERALD 1375 S DOVEKIE TER INVERNESS, FL 34450	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHASE, WARREN 1389 S PURPLE MARTIN TERR INVERNESS FL 34450	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DP CHASE, WARREN 1389 S PURPLE MARTIN TER INVERNESS, FL 34450	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROWDEN, CLEVA 8632 SOMA CT INVERNESS FL 34450	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D PERONE, RALPH 1360 S STARLING DR INVERNESS, FL 34450	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STREUBEL, DONALD 1322 S STARLING DR INVERNESS FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D HAYNES, ELIZABETH N. 8642 E SORA CT INVERNESS, FL 34450	☐ Change ☒ Addition

CR2E037 (11/98)

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: Raymond F. Whitcomb SIGNATURE REQUIRED RAYMOND F. WHITCOMB 3-03-99 352-344-8709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #