

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:23

DOCUMENT # N93000000304 (6)

1. Corporation Name

OAKMONT VILLAGE AT THE HIDEAWAY COUNTRY CLUB CON
DOMINIUM NO. 12 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7181 COLLEGE PARKWAY
STE 42
FT MYERS FL 33907
US

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STE 42
FT MYERS FL 33907
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0412683

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental
Fee Not Required

Tax Exempt Status

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

COLDIRON NANCY
7181 COLLEGE PARKWAY
STE 42
FT MYERS FL 33907

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	GOENAGA, ARMANDO
STREET ADDRESS	5245 BIG PINE WAY, SUITE 102
CITY- ST- ZIP	FORT MYERS FL 33907
TITLE	DV
NAME	AGUIAR, JOSE
STREET ADDRESS	MONTGOMEY REBECCA
CITY- ST- ZIP	FORT MYERS FL
TITLE	DST
NAME	STANZ, PHYLLIS
STREET ADDRESS	SUSLOW JODI
CITY- ST- ZIP	FORT MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	Smith-Wray, Paula R.	
1.3 STREET ADDRESS	5985 Trailwinds DR. #1222	
1.4 CITY- ST- ZIP	Fort Myers, FL 33907	
2.1 TITLE	DV	☒ Change ☐ Addition
2.2 NAME	Gladding, Richard	
2.3 STREET ADDRESS	5985 Trailwinds DR. #1216	
2.4 CITY- ST- ZIP		
3.1 TITLE	DST	☒ Change ☐ Addition
3.2 NAME	Carlson, Gerald W.	
3.3 STREET ADDRESS	5985 Trailwinds DR. #1221	
3.4 CITY- ST- ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I 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)(b), Florida Statutes. I further certify that the information included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF DOMINION OFFICER OR AGENT

Paula R. Smith-Wray
Prs.

2/3/95

Duplicate Form 4