

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90070 046 ****61.25

DOCUMENT # N93000000304

1. Corporation Name

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

Principal Place of Business

7181 COLLEGE PARKWAY
STE 42
FT MYERS FL 33907
US

Mailing Address

7181 COLLEGE PARKWAY
STE 42
FT MYERS FL 33907
US



2. Principal Place of Business

21 **6213-E PRESIDENTIAL CT**

Suite, Apt. #, etc.

22 City & State

23 **FORT MYERS, FL**

24 Zip **33919** 25 Country **USA**

2a. Mailing Address

26 **6213-E PRESIDENTIAL CT**

Suite, Apt. #, etc.

27 City & State

28 **FORT MYERS, FL**

29 Zip **33919** 30 Country **USA**

3. Date Incorporated or Qualified

01/25/1993

4. FEI Number

65-0412683

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

9. Name and Address of Current Registered Agent

COLDIRON NANCY
7181 COLLEGE PARKWAY
STE 42
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

CAROL J. HENKE

82 Street Address (P.O. Box Number is Not Acceptable)

6213-E PRESIDENTIAL CT

83

84 City

FORT MYERS

FL

85 Zip Code

33919

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 **Carol J. Henke**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-99

12. OFFICERS AND DIRECTORS

TITLE **DV** ☐ DELETE
NAME **GLADDING, RICHARD**
STREET ADDRESS **5985 TRAILWINDS DR. #1216**
CITY-ST-ZIP **FORT MYERS FL**

TITLE **DST** ☐ DELETE
NAME **CARLSON, GERALD W.**
STREET ADDRESS **5985 TRAILWINDS DR. #1221**
CITY-ST-ZIP **FORT MYERS FL**

TITLE **DP** ☐ DELETE
NAME **HOWLETT, JAY**
STREET ADDRESS **5985 TRAILWINDS DRIVE #1214**
CITY-ST-ZIP **FORT MYERS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: **Carol J. Henke**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 **941-481-7150**
Date Daytime Phone #

CR2E037 (11/98)