FILE NGW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:09

DOCUMENT # N93000000313 (7)

1. Corporation Name

OAKMONT VILLAGE AT THE HIDEAWAY COUNTRY CLUB CON DOMINIUM NO. 4 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7181 COLLEGE PARKWAY STE 42 FT MYERS FL 33907 US	7181 COLLEGE PARKWAY 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: ~~APPLIED FOR~~ 65-0483883 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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
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 of 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	GOENAGA, ARMANDO	1.2 NAME	Brezil, David
STREET ADDRESS	5245 BIG PINE WAY, SUITE 102	1.3 STREET ADDRESS	5825 Trailwinds DR. #414
CITY-ST-ZIP	FORT MYERS FL 33907	1.4 CITY-ST-ZIP	Fort Myers, FL 33907
TITLE	DV	2.1 TITLE	DV ☒ Change ☐ Addition
NAME	MONTGOMERY REBECCA	2.2 NAME	Schmidt, John E.
STREET ADDRESS	5245 BIG PINE WAY, SUITE 102	2.3 STREET ADDRESS	5825 Trailwinds DR. #412
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	Fort Myers, FL 33907
TITLE	DST	3.1 TITLE	DST ☒ Change ☐ Addition
NAME	SASLOW JODI	3.2 NAME	Loso, Wendell R.
STREET ADDRESS	5245 BIG PINE WAY, SUITE 102	3.3 STREET ADDRESS	5825 Trailwinds DR. #413
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	Fort Myers, FL 33907
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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)(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: David W. Brazill DAVID W. BRAZILL 2/9/95 278-5531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016000