FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # N9300001097

OAKVIEW ACRES OF FLAGLER COUNTY HOMEOWNER'S ASSO CIATION, INC.

Principal Place of Business
3806 JOHN ANDERSON HWY FLGER BEACH FL 32136 US
UQ

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Mailing Address

2a. Mailing Address

City & State

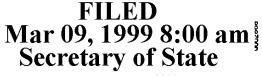
Suite, Apt. #, etc.

3806 JOHN ANDERSON HWY FLGER BEACH FL 32136

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03-09-1999 90152 046 ****61.25

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3. Date Incorporated or Qualifed

5. Certificate of Status Desired

03/03/1993

59-3295456

4. FEI Number

Zip 24	Country	Zip	Country		t a. Election Lambaion Elbancina			
	25	29	30		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
	9. Name and Address of Current R			···	10. Name and Address of New R	egistered Agent		
			81	Name				
ARTHUR J, WILSON P				82 Street Address (P.O. Box Number is Not Acceptable)				
3806 JOHN ANDERSON								
FLGER BE	ACH FL 32136							
			84	City	1	FL 85 Zip C		
office or re	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was aut	thorized by	the corpora	prporation submits this statement for the ation's board of directors. I hereby accept	purpose of changing its t the appointment as req	registered gistered	
SIGNATURE		Joseph Blots 6	Societarnal Aces	t eigenture teau	uired when reinstating)	DATE	<u> </u>	
12.	Signature, typed or printed name of registered agent ar OFFICERS AND		13.	i signature requ	ADDITIONS/CHANGES TO OFF		RS IN 12	
	P/D	DELETE	1.1 TITLE			Change	☐ Addition	
NAME	ARTHUR J. WILSON		1.2 NAME					
1		v	1.3 STREET	ADDRESS				
ļ	3806 JOHN ANDERSON HIGHWA	ī						
CITY-ST-ZIP	FLGER BEACH FL	☐ DELETE	1.4 CITY-ST	1-232		☐ Change	Addition	
TITLE	VTD	_ DECET						
NAME	LORRAINE WILSON		2.2 NAME					
I	3806 JOHN ANDERSON HWY		2.3 STREET	1	•			
CITY-ST-ZIP	FLGER BEACH FL	[] as: 575	2.4 CITY-S	T-ZIP		[] Change	Addition	
TITLE	D	☐ DELETE	3.1 TITLE	-		□ cuarige	☐ vadigori	
NAME	PEGGY PARRISH		3.2 NAME					
STREET ADDRESS	14 SYCAMORE STREET		3.3 STREET	ADDRESS				
CITY-ST-ZIP	FLGER BEACH FL		3.4. CITY-S	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE	1		Change	☐ Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY- S	T- ZIP		·		
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME			•		
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S	T- ZIP				
14. I hereby c	ertify that the information supplied with	this filing does not qualify for	the exempti	ion stated in	n Section 119.07(3)(i), Florida Statutes.	further certify that the i	nformation	

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under cath; that I am all 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:

SIGNAUREREQUIRED

31,199

904-439.2357

Applied For

\$8.75 Additional

Fee Required

Not Applicable