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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004162 (4)**

1. Corporation Name

OLDFIELD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**3327 BRIAN ROAD, NORTH
PALM HARBOR FL 34685**

Mailing Address

**3327 BRIAN ROAD, NORTH
PALM HARBOR FL 34685-2104**



3. Date Incorporated or Qualified
09/15/1993

3a. Date of Last Report
03/13/1996

2. Principal Place of Business

21 6034 Canopy Oaks Ct

Suite, Apt. #, etc.

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

22 City & State

23 New Port Richey FL

Zip

24 34653

Country

25 USA

27 City & State

28

Zip

29

Country

30

4. FEI Number

NOT APPLICABLE

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**

8. This corporation has liability for Intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**KOLLENBAUM, KEITH
3327 BRIAN ROAD, NORTH
PALM HARBOR FL 34685**

10. Name and Address of New Registered Agent

81 Name

Marilyn Puida

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

6034 Canopy Oaks Ct

83

84 City

New Port Richey

FL

85 Zip Code

34653

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

Marilyn Puida

MARILYN PUIDA

President

3-14-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPV	<input checked="" type="checkbox"/> DELETE
NAME	KOLLENBAUM, KEITH	
STREET ADDRESS	3327 BRIAN ROAD, NORTH	
CITY-ST-ZIP	PALM HARBOR FL 34685	

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	KOLLENBAUM, KEITH	
STREET ADDRESS	3327 BRIAN ROAD, NORTH	
CITY-ST-ZIP	PALM HARBOR FL 34685	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KOLLENBAULT, MARION	
STREET ADDRESS	7417 GREGATONE DR	
CITY-ST-ZIP	BAYONET POINT FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOLLENBAUM, WILBERT	
STREET ADDRESS	7417 GREYSTONE DR	
CITY-ST-ZIP	BAYONET POINT FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marilyn Puida	
1.3 STREET ADDRESS	6034 Canopy Oaks Court	
1.4 CITY-ST-ZIP	New Port Richey, FL 34653	

2.1 TITLE	Vice President (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bill Taylor	
2.3 STREET ADDRESS	6130 Canopy Oaks Court	
2.4 CITY-ST-ZIP	New Port Richey FL 34653	

3.1 TITLE	Treasurer / Secretary (T)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Marie Hanlon	
3.3 STREET ADDRESS	6041 Canopy Oaks Court	
3.4 CITY-ST-ZIP	New Port Richey FL 34653	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

Marilyn Puida

3-14-97 (813) 849-0145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0068844**

CR2E037 (9/96)