

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 22 PM 4:22

DOCUMENT # N94000002177 (3)

1. Corporation Name

OAKMONT VILLAGE AT THE HIDEAWAY COUNTRY CLUB CON
DOMINIUM NO. 1 ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

700 N.W. 107TH AVE.
MIAMI FL 33172

700 N.W. 107TH AVE.
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/02/1994

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 7181 College Parkway

26 7181 College Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 42

27 Suite 42

City & State

City & State

23 Fort Myers FL

28 Fort Myers FL

Zip

Country

Zip

Country

24 33907

25 USA

29 33907

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSKY, MORRIS J
700 N.W. 107TH AVE.
MIAMI FL 33172

81 Name Nancy Coldiron
82 Street Address P.O. Box Number is Not Acceptable
7181 College Parkway
83 Suite 42
84 City Fort Myers FL 85 Zip Code 33907

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

Signatures, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reconstituting)

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

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

TITLE DV
NAME SASLOE, JODY
STREET ADDRESS 5245 BIG PINE WAY, SUITE 102
CITY ST ZIP FORT MYERS FL 33907

21 TITLE ☒ Change ☐ Addition
22 NAME Kline, Julie
23 STREET ADDRESS 5245 Big Pine Way, Suite 102
24 CITY ST ZIP Fort Myers, FL 33907

TITLE DST
NAME MONTGOMERY, REBECCA
STREET ADDRESS 5245 BIG PINE WAY, SUITE 102
CITY ST ZIP FORT MYERS FL 33907

31 TITLE ☒ Change ☐ Addition
32 NAME Mc Conville, Richard
33 STREET ADDRESS 5245 Big Pine Way, Suite 102
34 CITY ST ZIP Fort Myers, FL 33907

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/95

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