

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000002177 (3)

1. Corporation Name

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

Principal Place of Business

Mailing Address

7181 COLLEGE PARKWAY  
SUITE 42  
FORT MYERS FL 33907

7181 COLLEGE PARKWAY  
SUITE 42  
FORT MYERS FL 33907



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/02/1994		3a. Date of Last Report 02/22/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0518245 APPLIED FOR		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COLDIRON, NANCY 7181 COLLEGE PARKWAY SUITE 42 FORT MYERS FL 33907				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 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 617.0603, Florida Statutes.

SIGNATURE

*Ronald Wilson*

(NOTE: Registered Agent signature required when agent is changed)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOENAGA, ARMANDO			1.2 NAME	Ronald Wilson		
STREET ADDRESS	5245 BIG PINE WAY, SUITE 102			1.3 STREET ADDRESS	Trailwinds DR. # 126		
CITY-ST-ZIP	FORT MYERS FL 33907			1.4 CITY-ST-ZIP	Fort Myers, FL 33907		
TITLE	DV	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DV ROBERT HAWKINS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KLINE, JULIE			2.2 NAME	TRAILWINDS DR # 114		
STREET ADDRESS	5245 BIG PINE WAY, SUITE 102			2.3 STREET ADDRESS	FORT MYERS, FL 33907		
CITY-ST-ZIP	FORT MYERS FL 33907			2.4 CITY-ST-ZIP			
TITLE	DST	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DST DENNIS WHITE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCONVILLE, RICHARD			3.2 NAME	TRAILWINDS DR # 115		
STREET ADDRESS	5245 BIG PINE WAY, SUITE 102			3.3 STREET ADDRESS	FORT MYERS, FL 33907		
CITY-ST-ZIP	FORT MYERS FL 33907			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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)(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:

*Ronald Wilson* RONALD L. WILSON

3-25-96 941-926-0788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)