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May 10, 1999 8:00 am
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05-10-1999 90070 035 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002177

1. Corporation Name

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

Principal Place of Business

7181 COLLEGE PARKWAY
SUITE 42
FORT MYERS FL 33907

Mailing Address

7181 COLLEGE PARKWAY
SUITE 42
FORT MYERS FL 33907



2. Principal Place of Business

21 6213-E PRESIDENTIAL CT

Suite, Apt. #, etc.

22 City & State

23 FORT MYERS FL

24 33919 25 USA

2a. Mailing Address

26 6213-E PRESIDENTIAL CT

Suite, Apt. #, etc.

27 City & State

28 FORT MYERS FL

29 33919 30 USA

3. Date Incorporated or Qualified

05/02/1994

4. FEI Number

65-0518245

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

9. Name and Address of Current Registered Agent

COLDIRON, NANCY
7181 COLLEGE PARKWAY
SUITE 42
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

CAROL J. HENKE

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

C/O HENKE PROPERTY MGT. INC

83 6213-E PRESIDENTIAL CT.

84 City

FORT MYERS

FL

85 Zip Code

33919

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 Carol J. Henke
Signature, typed or printed name of registered agent and the if applicable.

CAROL J. HENKE
(NOTE: Registered Agent signature required when reinstating)

3/26/99
DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME WILSON, RONALD
STREET ADDRESS TRAILWINDS DR, SUITE 126
CITY-ST-ZIP FORT MYERS FL

TITLE DVP
NAME CATERBURY, ANDREW
STREET ADDRESS TRAILWINDS DRIVE, STE. 113
CITY-ST-ZIP FORT MYERS FL

TITLE DST
NAME WHITE, DENNIS
STREET ADDRESS TRAILWINDS DR, SUITE 115
CITY-ST-ZIP FORT MYERS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 5765 TRAILWINDS DR #126
1.4 CITY-ST-ZIP FORT MYERS FL 33907

2.1 TITLE DVP
2.2 NAME APPLETON, SHERBURNE
2.3 STREET ADDRESS 5765 TRAILWINDS DR #114
2.4 CITY-ST-ZIP FORT MYERS FL 33907

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 5765 TRAILWINDS DR #115
3.4 CITY-ST-ZIP FORT MYERS FL 33907

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 with all other like empowered.

SIGNATURE:

Ronald Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99
Date

941-481-7150
Daytime Phone #

CR2E037 (1/98)