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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 MAR -7 PM 1:38

DOCUMENT # **N94000002178 (1)**

1. Corporation Name

OAKMONT VILLAGE AT THE HIDEAWAY COUNTRY CLUB CONDOMINIUM NO. 2 ASSOCIATION, INC.

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: 05/02/1994
3a. Date of Last Report:
4. FEI Number: 65-0518248 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21 7181 College Parkway	26 7181 College Parkway		
Suite, Apt. #, etc. 22 Suite 42	Suite, Apt. #, etc. 27 Suite 42	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23 Fort Myers, FL	City & State 28 Fort Myers, FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip / Country 24 33907 / 25 USA	Zip / Country 29 33907 / 30 USA	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: Nancy Coldiron — 2-28-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	GOENAGA, ARMANDO	12 NAME	
STREET ADDRESS	5245 BIG PINE WAY, SUITE 102	13 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33907	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	DV ☒ Change ☐ Addition
NAME	SASLOE, JODY	22 NAME	Kline, Jule
STREET ADDRESS	5245 BIG PINE WAY, SUITE 102	23 STREET ADDRESS	5245 Big Pine Way, Suite 102
CITY-ST-ZIP	FORT MYERS FL 33907	24 CITY-ST-ZIP	Fort Myers, FL 33907
TITLE	DST	31 TITLE	DST ☒ Change ☐ Addition
NAME	MONTGOMERY, REBECCA	32 NAME	McConville, Richard
STREET ADDRESS	5245 BIG PINE WAY, SUITE 102	33 STREET ADDRESS	5245 Big Pine Way, Suite 102
CITY-ST-ZIP	FORT MYERS FL 33907	34 CITY-ST-ZIP	Fort Myers, FL 33907
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: J K Cline — 2/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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