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May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90070 036 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N94000002178

1. Corporation Name

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

Principal Place of Business

7181 COLLEGE PKWY  
SUITE 42  
FT MYERS FL 33907  
US

Mailing Address

7181 COLLEGE PKWY  
SUITE 42  
FT MYERS FL 33907  
US



2. Principal Place of Business

21 6213-E PRESIDENTIAL CT

Suite, Apt. #, etc.

22 City & State

23 FORT MYERS FL

Zip

24 33919 25 USA

2a. Mailing Address

26 6213-E PRESIDENTIAL CT

Suite, Apt. #, etc.

27 City & State

28 FORT MYERS FL

Zip

29 33919 30 USA

3. Date Incorporated or Qualified

05/02/1994

4. FEI Number

65-0518248

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 PKWY  
SUITE 42  
FT 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)

6213-E PRESIDENTIAL CT

83

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

(NOTE: Registered Agent signature required when reinstating)

4-17-99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP

NAME DIRKSON, RALPH

STREET ADDRESS 5785 TRAILWINDS DR #212

CITY-ST-ZIP FORT MYERS FL 33907

TITLE DVP

NAME DEAREN, VICTOR

STREET ADDRESS 5785 TRAILWINDS DRIVE #215

CITY-ST-ZIP FORT MYERS FL

TITLE DST

NAME RUTHERFORD, JOANNE

STREET ADDRESS 5785 TRAILWINDS DRIVE #222

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

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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: Joanne Rutherford

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

94-481-7150

Daytime Phone #

CR2E037 (1/98)