

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 # N94000002180 (7)

1. Corporation Name

OAKMONT VILLAGE AT THE HIDEAWAY COUNTRY CLUB CON
DOMINIUM NO. 3 ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7181 COLLEGE PKWY
STE 42
FT MYERS FL 33907
US

7181 COLLEGE PKWY
STE 42
FT MYERS FL 33907
US

3. Date Incorporated or Qualified
05/02/1994

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0512127

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

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

COLDIRON, NANCY
7181 COLLEGE PARKWAY
SUITE 42
FT 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when "existing")

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
GOENAGA, ARMANDO
5245 BIG PINE WAY, SUITE 102
FORT MYERS FL 33907

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
KLINE, JULIE
5245 BIG PINE WAY, SUITE 102
FORT MYERS FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
MCCONVILLE, RICHARD
5245 BIG PINE WAY, SUITE 102
FORT MYERS FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP
DP
Gary Torgerson
5805 Trailwinds DR. #324
Fort Myers, FL 33907

☒ Change

☐ Addition

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP
DV
Carol Leake
5805 Trailwinds DR. #313
Fort Myers, FL 33907

☒ Change

☐ Addition

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP
DST
Mary Ann Podbielski
5805 Trailwinds DR. #314
Fort Myers, FL 33907

☒ Change

☐ Addition

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

☐ Change

☐ Addition

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

☐ Change

☐ Addition

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY - ST - ZIP

☐ Change

☐ Addition

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: Maryann Podbielski Sec./Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96

418-0386
Display Phone #

CR2E037 (12/95)