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**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90070 037 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N94000002180**

1. Corporation Name

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

Principal Place of Business

7181 COLLEGE PKWY  
STE 42  
FT MYERS FL 33907  
US

Mailing Address

7181 COLLEGE PKWY  
STE 42  
FT MYERS FL 33907  
US



2. Principal Place of Business

21 **6213-E PRESIDENTIAL CT**

2a. Mailing Address

26 **6213-E PRESIDENTIAL CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **FORT MYERS FL**

City & State

28 **FORT MYERS FL**

Zip

24 **33919** 25 **USA**

Zip

29 **33919** 30 **USA**

3. Date Incorporated or Qualified

**05/02/1994**

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

9. Name and Address of Current Registered Agent

**COLDIRON, NANCY  
7181 COLLEGE PARKWAY  
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**

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

(NOTE: Registered Agent signature required when reinstating)

**4-17-99**

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LEAKE, KAROL	
STREET ADDRESS	5805 TRAILWINDS DR #313	
CITY-ST-ZIP	FT MYERS FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	VOORHIES, CAROL	
STREET ADDRESS	5805 TRAILWINDS DR #321	
CITY-ST-ZIP	FT MYERS FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	KUCZMARSKI, BARBARA	
STREET ADDRESS	5805 TRAILWINDS DR #311	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>P/D ROBERT LEAKE</b>
1.3 STREET ADDRESS	<b>5805 TRAILWINDS DR #313</b>
1.4 CITY-ST-ZIP	<b>FORT MYERS FL 33907</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>33907</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>33907</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Barbara Kuczmarowski**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-99** **1-302-328-5000**  
Date Daytime Phone

CR2E037 (1/98)