

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90102 030 ****70.00

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1. Corporation Name

THE OAKS MALL MERCHANTS' ASSOCIATION, INCORPORATED

Principal Place of Business

6419 NEWBERRY ROAD
GAINESVILLE FL 32605

Mailing Address

6419 NEWBERRY ROAD
GAINESVILLE FL 32605



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

03/04/1997

4. FEI Number
59-1906341

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

DORNFIELD, TOM
6419 NEWBERRY ROAD
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name

DORNFIELD, TOM

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

6419 NEWBERRY ROAD

83

84 City

GAINESVILLE

FL

85 Zip Code
32605

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DORNFIELD, TOM
STREET ADDRESS 6419 NEWBERRY ROAD
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE D ☐ DELETE

NAME HECKER, EMIL
STREET ADDRESS 6481 NEWBERRY ROAD
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE D ☐ DELETE

NAME KEPPEL, ROBERT
STREET ADDRESS 6323 NEWBERRY ROAD
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE D ☐ DELETE

NAME ENNIS, RICHARD
STREET ADDRESS 6495 NEWBERRY ROAD
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE D ☐ DELETE

NAME CLAYTON, DANA
STREET ADDRESS 6671 NEWBERRY ROAD
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE D ☐ DELETE

NAME MCMONAGLE, MARY ANN
STREET ADDRESS 6201 NEWBERRY ROAD
CITY-ST-ZIP GAINESVILLE FL 32605

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME DORNFIELD, TOM
1.3 STREET ADDRESS 6419 NEWBERRY ROAD
1.4 CITY-ST-ZIP GAINESVILLE, FL 32605

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME NELSON, PAUL
2.3 STREET ADDRESS 6481 NEWBERRY ROAD
2.4 CITY-ST-ZIP GAINESVILLE, FL 32605

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME FLINT, TERRI
3.3 STREET ADDRESS 6323 NEWBERRY ROAD
3.4 CITY-ST-ZIP GAINESVILLE, FL 32605

4.1 TITLE D ☒ Change ☐ Addition

4.2 NAME BRODEUR, CHRIS
4.3 STREET ADDRESS 6495 NEWBERRY ROAD
4.4 CITY-ST-ZIP GAINESVILLE, FL 32605

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)