

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000001623 1. Entity Name OAKS OF COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % 1600 WOODLAND DR BOX 1000 ROCKLEDGE, FL 32955				Mailing Address % 1600 WOODLAND DR BOX 1000 ROCKLEDGE, FL 32955	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SOMMERS, DIXIE R 1600 WOODLAND DRIVE BOX 1000 ROCKLEDGE, FL 32955				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Dixie R Sommers</i></u> DATE <u>Oct 10, '07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORRIS, LESLIE 1600 WOODLAND DR #4201 ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D. Leslie Morris, Leslie 1600 Woodland Dr #4201 Rockledge, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUDLET, GAIL 1600 WOODLAND DR # 8210 ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dixie Sommers 1600 Woodland Dr #8402 Rockledge, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTIER, BARBARA A 1600 WOODLAND ROAD, #8214 ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joe Reese 1306 Avalon Dr Rockledge, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOMMERS, DIXIE 1600 WOODLAND DR # 8102 ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPB Steven Zuaro (Zuaro) 1400 Woodland Dr #8207 Rockledge, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HURD, ALICE 1082 FAIRLAWN DR ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Dixie R Sommers</i></u> DATE <u>Oct 10, '07</u> 321-639-0186 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED

07 OCT 15 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07-18-07 96047 029 \$61.25



REINSTATEMENT 07

10/10/07
FBI Number
59-2780651

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOMMERS, DIXIE R
1600 WOODLAND DRIVE BOX 1000
ROCKLEDGE, FL 32955

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Dixie R Sommers

Oct 10, '07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25

After January 1, 2008, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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SIGNATURE:

Dixie R Sommers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**THE OAKS OF COUNTRY CLUB
CONDOMINIUM ASSOCIATION
1600 WOODLAND DRIVE #1000
ROCKLEDGE, FLORIDA 32955**

October 10, 2007

Division of Corporations
P. O. Box 6327
Tallahassee, Fl 32314

Dear Sirs:

We received the attached copy of NOTICE OF DISSOLUTION OR REVOCATION on October 5, 2007.

Our Association was under the direction of a management company through May 1, 2007. We had assumed that they had filed the fiscal reports for our Association when we filed the new agent form with you with our check. We are not sure just what P. O. Box our Check #1046, dated July 15, 2007 (copy attached) was mailed as we have three different P. O. Boxes for Florida State: i.e. P O. Box 8700, P.O. Box 8800, and P.O. Box 6327.

We have attached the Balance Sheet and the Profit and Loss Statement dated January 2007 as received from our Management Company to be used as our fiscal report. If this is not sufficient, please contact me at 1-321-693-0186.

We also completed the Reinstatement Form as indicated at your online site and have attached that also.

If there are other forms or something else that we should be mailing to you, please to not hesitate to contact me.

Thank you.



DIXIE R. SOMMERS
President