

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # S71200**

1. Corporation Name

**OAK ISLAND 80, INC.**

Principal Place of Business

**9601 CHASE ROAD  
WINDERMERE, FL 34786**

Mailing Address

**SAME AS PRINCIPAL PLACE**

FILED  
99 MAR 26 PM 1:53  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **N/A**

2a. Mailing Address

26 **N/A**

Suite, Apt. #, etc.

22 **N/A**

Suite, Apt. #, etc.

27 **N/A**

City & State

23 **N/A**

City & State

28 **N/A**

Zip

24 **N/A**

Country

25 **N/A**

Zip

29 **N/A**

Country

30 **N/A**

3. Date Incorporated or Qualified

**AUGUST 6, 1991**

4. FEI Number

**65-0292141**

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**JAMES R. PRATT  
369 NORTH NEW YORK AVENUE, THIRD FLOOR  
WINTER PARK, FL 32789**

10. Name and Address of New Registered Agent

81 Name

**N/A**

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

**N/A**

83

**N/A**

84 City

**N/A**

**FL**

85 Zip Code **N/A**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **N/A**

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 **DPTS** ☒ DELETE

NAME **DAVID A. SIEGEL**

STREET ADDRESS **5601 WINDHOVER DRIVE**

CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **DPTS** ☐ Change ☒ Addition

12 NAME **BETTIE WHITAKER**

13 STREET ADDRESS **9601 CHASE ROAD**

14 CITY-ST-ZIP **WINDERMERE, FL 34786**

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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\*\*\*\*\*158.75 \*\*\*\*\*158.75

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 607, 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:

*Bettie Whitaker* 3/16/99

CR2E034 (11/98)