

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

0070473

03-05-1999 90099 042 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N02355

1. Corporation Name

OAKCREEK CAVERNS LOT OWNERS ASSOCIATION, INC.

Principal Place of Business

4009 SW 20TH AVE.  
 Ocala FL 34474  
 US

Mailing Address

4000 SW 20TH AVE.  
 Ocala FL 34474  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

04/04/1984

22 City & State

27 City & State

4. FEI Number  
 59-2594131

Applied For  
 Not Applicable

23 Zip Country

28 Zip Country

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

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ORTIZ, GEORGE  
 201 NE 8TH AVE.  
 Ocala FL 34470

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
 NAME JOYNER, JAMES  
 STREET ADDRESS 4250 SW 20TH AVE  
 CITY-ST-ZIP Ocala FL 34474

1.1 TITLE PD  Change  Addition  
 1.2 NAME Cordrey, Douglas  
 1.3 STREET ADDRESS 4040 SW 20 Avenue  
 1.4 CITY-ST-ZIP Ocala, FL 34474  Change  Addition

TITLE VD  DELETE  
 NAME CONKLIN, AMY  
 STREET ADDRESS 4220 SW 20 AVENUE  
 CITY-ST-ZIP Ocala FL

2.1 TITLE VD  Change  Addition  
 2.2 NAME Bradshaw, Scott  
 2.3 STREET ADDRESS 2015 SW 43rd Place  
 2.4 CITY-ST-ZIP Ocala, FL 34474  Change  Addition

TITLE STD  DELETE  
 NAME OLIVEROS, ROSEMARIE MRS.  
 STREET ADDRESS 4200 SW 20TH AVE.  
 CITY-ST-ZIP Ocala FL

3.1 TITLE STD  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 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: *R. B. Oliveros*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/99

352-237-3767  
 Daytime Phone #

CR2E037 (1/98)