

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # N41478 (1)

1. Corporation Name

OAKMONT PLACE PROPERTY OWNERS ASSOCIATION, INC.

95 MAY - 1 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1950 BLUEWATER BLVD.
P. O. BOX 247
NICEVILLE FL 32588-6981

1950 BLUEWATER BLVD.
P. O. BOX 247
NICEVILLE FL 32588-6981

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/28/1990** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3051542** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business	2a. Mailing Address
21 1950 Bluewater Blvd.	26 1950 Bluewater Blvd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Niceville, FL	28 City & State Niceville, FL
24 Zip 32578	29 Zip 32578
25 Country Okaloosa	30 Country Okaloosa

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, H. P.
1454 OAKMONT PLACE
NICEVILLE FL 32578

81 Name	Robert Lerandean
82 Street Address (P.O. Box Number is Not Acceptable)	
83	1484 Oakmont Place
84 City	Niceville
85 Zip Code	FL 32578

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

Signature, typed or printed name of registered agent and block applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

[Signature] 26 APR 1995

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SMITH, H. P.
STREET ADDRESS	1454 OAKMONT PLACE
CITY - ST - ZIP	NICEVILLE FL
TITLE	VD
NAME	DIETERS, MARGARET
STREET ADDRESS	1469 OAKMONT PLACE
CITY - ST - ZIP	NICEVILLE FL
TITLE	SD
NAME	TURNER, JOAN
STREET ADDRESS	1498 OAKMONT PLACE
CITY - ST - ZIP	NICEVILLE FL
TITLE	VD
NAME	KAY, STAN
STREET ADDRESS	1477 OAKMONT PLACE
CITY - ST - ZIP	NICEVILLE FL
TITLE	TD
NAME	MCKNIGHT, DON
STREET ADDRESS	1455 OAKMONT PLACE
CITY - ST - ZIP	NICEVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert Lerandean
1.3 STREET ADDRESS	1484 Oakmont Place
1.4 CITY - ST - ZIP	Niceville, FL 32578
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Don McKnight
2.3 STREET ADDRESS	1455 Oakmont Place
2.4 CITY - ST - ZIP	Niceville, FL 32578
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Doug Smith
3.3 STREET ADDRESS	1451 Oakmont Place
3.4 CITY - ST - ZIP	Niceville, FL 32578
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gary Turner
4.3 STREET ADDRESS	1498 Oakmont Place
4.4 CITY - ST - ZIP	Niceville, FL 32578
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Stan Kays
5.3 STREET ADDRESS	1477 Oakmont Place
5.4 CITY - ST - ZIP	Niceville, FL 32578
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in any amendment with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(Typed Name)

[Signature] 26 APR 95

(904) 897-1315
0021888