

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41478

**FILED**  
**May 03, 2013**  
**Secretary of State**  
**CC4204065347**

**Entity Name:** OAKMONT PLACE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

902A PALM BLVD S  
NICEVILLE, FL 32578

**Current Mailing Address:**

902A PALM BLVD S  
NICEVILLE, FL 32578 US

**FEI Number:** 59-3051542

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BARBER, J W  
1491 OAKMONT PLACE  
NICEVILLE, FL 32578 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title MGRM  
Name ABELE, SHARON  
Address 1486 OAKMONT PL  
City-State-Zip: NICEVILLE FL 32578

Title MGRM  
Name BARBER, J W  
Address 1491 OAKMONT PLACE  
City-State-Zip: NICEVILLE FL 32578

Title MGRM  
Name LIBELL, GARY  
Address 1490 OAKMONT PLACE  
City-State-Zip: NICEVILLE FL 32578

Title MGRM  
Name TURNER, GARY  
Address 1498 OAKMONT PLACE  
City-State-Zip: NICEVILLE FL 32578

Title MGRM  
Name SMITH, STEPHEN  
Address 1461 OAKMONT PLACE  
City-State-Zip: NICEVILLE FL 32578

Title MGRM  
Name KAYS, STAN  
Address 1477 OAKMONT PLACE  
City-State-Zip: NICEVILLE FL 32578

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** J W BARBER

**MGRM**

**05/03/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date