

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41478

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

**FILED**  
**Mar 24, 2020**  
**Secretary of State**  
**9055670493CC**

**Current Principal Place of Business:**

1049 JOHN SIMS PKWY E  
SUITE 1  
NICEVILLE, FL 32578

**Current Mailing Address:**

C/O PANHANDLE MANAGEMENT  
POST OFFICE BOX 73  
NICEVILLE, FL 32578 US

**FEI Number: 59-3051542**

**Certificate of Status Desired: No**

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

PANHANDLE MANAGEMENT, LLC  
1049 JOHN SIMS PKWY E  
SUITE 1  
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: CARMEN SOUDERS**

**03/24/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PEBBLES, GORDON  
Address        C/O PANHANDLE MANAGEMENT  
                  POST OFFICE BOX 73  
City-State-Zip: NICEVILLE FL 32578

Title            TREASURER  
Name            FAIR, WAYNE  
Address        C/O PANHANDLE MANAGEMENT  
                  POST OFFICE BOX 73  
City-State-Zip: NICEVILLE FL 32578

Title            DIRECTOR  
Name            CLAPP, KRISTA  
Address        C/O PANHANDLE MANAGEMENT  
                  POST OFFICE BOX 73  
City-State-Zip: NICEVILLE FL 32578

Title            SECRETARY  
Name            KLOESS, SHANNON  
Address        C/O PANHANDLE MANAGEMENT  
                  POST OFFICE BOX 73  
City-State-Zip: NICEVILLE FL 32578

Title            VP  
Name            GREER, AMY  
Address        C/O PANHANDLE MANAGEMENT  
                  POST OFFICE BOX 73  
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: GORDON PEBBLES**

**PRESIDENT**

**03/24/2020**

Electronic Signature of Signing Officer/Director Detail

Date