

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N41478 (1)**
1. Corporation Name
OAKMONT PLACE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: 1950 BLUEWATER BLVD. NICEVILLE FL 32588 US
Mailing Address: 1950 BLUEWATER BLVD. NICEVILLE FL 32578 US

3. Date Incorporated or Qualified: 12/28/1990
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, and Zip/Country.

4. FEI Number: 59-3051542
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**LERANDEAU, ROBERT
1484 OAKMONT PLACE
NICEVILLE FL 32578**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LERANDEAU, ROBERT	1.2 NAME	
STREET ADDRESS	1484 OAKMONT PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	SMITH, DOUG	2.2 NAME	
STREET ADDRESS	1451 OAKMONT PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	VD
NAME	TURNER, GARY	3.2 NAME	Turner, Gary
STREET ADDRESS	1498 OAKMONT PLACE	3.3 STREET ADDRESS	1498 Oakmont Place
CITY-ST-ZIP	NICEVILLE FL	3.4 CITY-ST-ZIP	Niceville, FL 32578
TITLE	D	4.1 TITLE	TD
NAME	KAY, STAN	4.2 NAME	Ziegler, Jan
STREET ADDRESS	1477 OAKMONT PLACE	4.3 STREET ADDRESS	1449 Oakmont Place
CITY-ST-ZIP	NICEVILLE FL	4.4 CITY-ST-ZIP	Niceville, FL 32578
TITLE	VD	5.1 TITLE	D
NAME	MCKNIGHT, DON	5.2 NAME	Weidenbusch, Albert
STREET ADDRESS	1455 OAKMONT PLACE	5.3 STREET ADDRESS	1480 Oakmont Place
CITY-ST-ZIP	NICEVILLE FL	5.4 CITY-ST-ZIP	Niceville, FL 32578
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CITY-ST-ZIP		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 119.07(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 on an attachment with an address.

SIGNATURE: Robert Lerandau Date: 4/30/96 Daytime Phone #: (904) 897-3614

CR2E037 (12/95)