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May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: **1850 BLUEWATER BLVD. NICEVILLE FL 32588 US**  
Mailing Address: **1850 BLUEWATER BLVD. NICEVILLE FL 32578-3878 US**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-3051542</b>		3a. Date of Last Report <b>05/01/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LERANDEAU, ROBERT</b> <b>1484 OAKMONT PLACE</b> <b>NICEVILLE FL 32578</b>				81 Name <b>Weidenbusch, Albert</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>1480 Oakmont Place</b>			
				83			
				84 City <b>Niceville</b> <b>FL</b> 85 Zip Code <b>32578</b>			

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 conditions of Section 617.0503, Florida Statutes.

SIGNATURE: *Albert Weidenbusch* DATE: **4-24-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>ST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>LERANDEAU, ROBERT</b>			1.2 NAME	<b>Smith, Karen</b>		
STREET ADDRESS	<b>1484 OAKMONT PLACE</b>			1.3 STREET ADDRESS	<b>1451 Oakmont Place</b>		
CITY-ST-ZIP	<b>NICEVILLE FL</b>			1.4 CITY-ST-ZIP	<b>Niceville, FL 32578</b>		
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>SMITH, DOUG</b>			2.2 NAME	<b>Nida, Bill</b>		
STREET ADDRESS	<b>1451 OAKMONT PLACE</b>			2.3 STREET ADDRESS	<b>1494 Oakmont Place</b>		
CITY-ST-ZIP	<b>NICEVILLE FL</b>			2.4 CITY-ST-ZIP	<b>Niceville, FL 32578</b>		
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TURNER, GARY</b>			3.2 NAME	<b>Turner, Gary</b>		
STREET ADDRESS	<b>1498 OAKMONT PLACE</b>			3.3 STREET ADDRESS	<b>1498 Oakmont Place</b>		
CITY-ST-ZIP	<b>NICEVILLE FL</b>			3.4 CITY-ST-ZIP	<b>Niceville, FL 32578</b>		
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ZIEGLER, JAN</b>			4.2 NAME	<b>Ziegler, Jan</b>		
STREET ADDRESS	<b>1449 OAKMONT PLACE</b>			4.3 STREET ADDRESS	<b>1449 Oakmont Place</b>		
CITY-ST-ZIP	<b>NICEVILLE FL</b>			4.4 CITY-ST-ZIP	<b>Niceville, FL 32578</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		5.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WEIDENBUSCH, ALBERT</b>			5.2 NAME	<b>Weidenbusch, Albert</b>		
STREET ADDRESS	<b>1480 OAKMONT PLACE</b>			5.3 STREET ADDRESS	<b>1480 Oakmont Place</b>		
CITY-ST-ZIP	<b>NICEVILLE FL</b>			5.4 CITY-ST-ZIP	<b>Niceville, FL 32578</b>		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

4-24-97

CP2E037 (9/96)