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**May 11 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41478 (1)
 1. Corporation Name
OAKMONT PLACE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 1950 BLUEWATER BLVD. NICEVILLE FL 32568 US	Mailing Address 1950 BLUEWATER BLVD. NICEVILLE FL 32578 US
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3. Date Incorporated or Qualified 12/28/1990
4. FEI Number 59-3051542
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 155 Poinciana Blvd. Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State Destin, FL	27 City & State
23 Zip 32541 Country USA	28 Zip Country

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 Name **Story, Jim**
 82 Street Address (P.O. Box Number is Not Acceptable)
1475 Oakmont Place
 83
 84 City **Niceville** **FL** 85 Zip Code **32578**

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 James B. Story **James B. Story** DATE **4/24/98**
Signature/typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	SMITH, KAREN	
STREET ADDRESS	1451 OAKMONT PLACE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NIDA, BILL	
STREET ADDRESS	1494 OAKMONT PL	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TURNER, GARY	
STREET ADDRESS	1498 OAKMONT PLACE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ZIEGLER, JAN	
STREET ADDRESS	1449 OAKMONT PLACE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WEIDENBUSCH, ALBERT	
STREET ADDRESS	1480 OAKMONT PLACE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Story, Jim	
1.3 STREET ADDRESS	1475 Oakmont Place	
1.4 CITY-ST-ZIP	Niceville, FL 32578	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Keener, David	
2.3 STREET ADDRESS	1490 Oakmont Place	
2.4 CITY-ST-ZIP	Niceville, FL 32578	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Turner, Gary	
3.3 STREET ADDRESS	1498 Oakmont Place	
3.4 CITY-ST-ZIP	Niceville, FL 32578	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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.

SIGNATURE: James B. Story, President **4/24/98** **(850) 897-2025**

CR2E037 (10/97)