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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41478

1. Corporation Name

OAKMONT PLACE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

155 POINCIANA BLVD.
DESTIN FL 32541
US

Mailing Address

1950 BLUEWATER BLVD.
NICEVILLE FL 32578
US



2. Principal Place of Business

21 912 S. Palm Blvd.

Suite, Apt. #, etc.

22 Suite E

City & State

23 Niceville, FL

Zip Country

24 32578 25 USA

2a. Mailing Address

26 912 S. Palm Blvd.

Suite, Apt. #, etc.

27 Suite E

City & State

28 Niceville, FL

Zip Country

29 32578 30 USA

3. Date Incorporated or Qualified

12/28/1990

4. FEI Number

59-3051542

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

STORY, JIM
1475 OAKMONT PLACE
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name John Peterson
82 Street Address (P.O. Box Number is Not Acceptable) 912 S. Palm Blvd., Suite E
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

John Peterson

2.15.99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, KAREN	
STREET ADDRESS	1451 OAKMONT PLACE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NIDA, BILL	
STREET ADDRESS	1494 OAKMONT PL	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, GARY	
STREET ADDRESS	1498 OAKMONT PLACE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	P	<input type="checkbox"/> DELETE
NAME	STORY, JIM	
STREET ADDRESS	1475 OAKMONT PLACE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KEENER, DAVID	
STREET ADDRESS	1490 OAKMONT PLACE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Smith, Doug	
1.3 STREET ADDRESS	1451 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	Kays, Sarah	
2.3 STREET ADDRESS	1477 Oakmont Place	
2.4 CITY-ST-ZIP	NICEVILLE, FL 32578	
3.1 TITLE	S/D T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gowan, Gene	
3.3 STREET ADDRESS	1496 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, with all other like empowered.

SIGNATURE:

James Story
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 15, 1999
Date Daytime Phone #

CR2E037 (11/98)