

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90392 011 ****61.25

DOCUMENT # N41478

1. Entity Name

OAKMONT PLACE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

912 S PALM BLVD
 STE E
 NICEVILLE FL 32578
 US

912 S PALM BLVD
 STE E
 NICEVILLE FL 32578
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3051542

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERSON, JOHN
912 S PALM BLVD
STE E
NICEVILLE FL 32578

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DOUG	
STREET ADDRESS	1451 OAKMONT PL	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAYS, SARAH	
STREET ADDRESS	1477 OAKMONT PL	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	SDT	<input checked="" type="checkbox"/> Delete
NAME	GOWAN, GENE	
STREET ADDRESS	1496 OAKMONT PLACE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FABIAN, ED	
STREET ADDRESS	1488 OAKMONT PLACE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input type="checkbox"/> Delete
NAME	KONECSNI, JOSEPH	
STREET ADDRESS	1481 OAKMONT PLACE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDIN, DOUG	
STREET ADDRESS	1453 OAKMONT PL	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYMOND, DAVE	
STREET ADDRESS	1467 OAKMONT PL	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	SDT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERGUSON, NANCY	
STREET ADDRESS	1472 OAKMONT PL	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

30 April 2001 (850) 897-8600

CR2E037 (10/00)