

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90385 006 ****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

4. FEI Number

59-3051542

Applied For

Not Applicable

Zip

Country

Zip

Country

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** Delete
 NAME **HARDIN, DOUG**
 STREET ADDRESS **1453 OAKMONT PL.**
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **D** Change Addition
 NAME **Barber, William**
 STREET ADDRESS **1491 Oakmont Place**
 CITY-ST-ZIP **Niceville, FL 32578**

TITLE **D** Delete
 NAME **RAYMOND, DAVE**
 STREET ADDRESS **14367 OAKMONT PL.**
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **VP** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SDT** Delete
 NAME **FERGUSON, NANCY**
 STREET ADDRESS **1472 OAKMONT PL.**
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **D** Change Addition
 NAME **Camoin, Robert**
 STREET ADDRESS **1465 Oakmont Place**
 CITY-ST-ZIP **Niceville, FL 32578**

TITLE **D** Delete
 NAME **FABIAN, ED**
 STREET ADDRESS **1488 OAKMONT PLACE**
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE **VP** Delete
 NAME **KONECSNI, JOSEPH**
 STREET ADDRESS **1481 OAKMONT PLACE**
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 April 2002 856 8978600

Date

Daytime Phone #

CR2E037 (9/01)