

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS		
DOCUMENT # N94000005906 (2)				
1. Corporation Name OAK HOLLOW HOMEOWNERS ASSOCIATION, INC.				
Principal Place of Business 864 KELLYGREEN OVIDEO FL 32765 US		Mailing Address P.O. BOX 620921 OVIDEO FL 32765 US		
2. Principal Place of Business 21 675 Kelly Green Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 12/01/1994		
22 City & State 23 OVIDEO FL	27 City & State 28	4. FEI Number 59-3282355		
24 Zip 32765	25 Country US	26 Zip 29	27 Country 30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent BAGOSY, JOSEPH A 864 KELLY GREEN OVIDEO FL 32765				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution
				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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				10. Name and Address of New Registered Agent
				81 Name CURTIS WATERS
				82 Street Address (P.O. Box Number is Not Acceptable) 573 Kelly Green
				83
				84 City OVIDEO FL Zip Code 32765

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

CURTIS WATERS TREASURER

4.14.98

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

(NOTE: Registered Agent signature required when renaming)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAGOSY, JOSEPH 864 KELLY GREEN STREET OVIDEO FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DP TOM WEIGHILL 675 KELLY GREEN ST OVIDEO FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HALL, GARY 647 LADY LYNN COURT OVIDEO FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS POTTER, MIKE 692 KELLY GREEN STREET OVIDEO FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP DS JACKIE DANIEL 625 KELLY GREEN ST OVIDEO FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANGEL, DAVID D 678 KELLY GREEN ST OVIDEO FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DV
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATERS, CURTIS 573 KELLY GREEN OVIDEO FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 included 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: *CURTIS WATERS* 4.14.98 407.366.9351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014236

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Daytime Phone # 0014236