

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N94000005906

1. Corporation Name

OAK HOLLOW HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

675 KELLY GREEN
OVIDEO FL 32765
US

Mailing Address

P.O. BOX 620921
OVIDEO FL 32765
US

05-10-1999 90256 046 ****61.25

538628-90256-46



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/01/1994

4. FEI Number

59-3282355

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees
Trust Fund Contribution

9. Name and Address of Current Registered Agent

WATERS, CURTIS
573 KELLY GREEN
OVIDEO FL 32765

81 Name *Michael E. Potter*
82 Street Address (P.O. Box Number is Not Acceptable)
692 Kelly Green St
83
84 City *OVIDEO* FL 85 Zip Code *32765*

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 *Michael E. Potter*

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

(NOTE: Registered Agent signature required when reinstating)

5-7-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIGHILL, TOM		1.2 NAME	
STREET ADDRESS	675 KELLY GREEN ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	OVIDEO FL 32765		1.4 CITY-ST-ZIP	
TITLE	DS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL, JACKIE		2.2 NAME	
STREET ADDRESS	622 KELLY GREEN ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	OVIDEO FL 32765		2.4 CITY-ST-ZIP	
TITLE	DV	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANGEL, DAVID D		3.2 NAME	
STREET ADDRESS	678 KELLY GREEN ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	OVIDEO FL		3.4 CITY-ST-ZIP	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, CURTIS		4.2 NAME	
STREET ADDRESS	573 KELLY GREEN		4.3 STREET ADDRESS	
CITY-ST-ZIP	FL		4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: *Michael E. Potter* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-99

Date

407 366 1811

Daytime Phone #