

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005906 (2)**  
1. Corporation Name  
**OAK HOLLOW HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>864 KELLYGREEN OVIEDO FL 32765 US</b>	Mailing Address <b>P.O. BOX 620821 OVIEDO FL 32765 US</b>
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3. Date Incorporated or Qualified <b>12/01/1994</b>	4. FEI Number <b>59-3282355</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	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		

2. Principal Place of Business 21. <b>675 Kelly Green</b>	2a. Mailing Address 26. Suite, Apt. #, etc.
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State <b>OVIEDO FL</b>	28. City & State
24. Zip <b>32765</b>	29. Zip
25. Country <b>US</b>	30. Country

9. Name and Address of Current Registered Agent  
**BAGOSY, JOSEPH A  
864 KELLY GREEN  
OVIEDO FL 32765**

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. City **OVIEDO** 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 Curtis Waters **CURTIS WATERS TREASURER** DATE **4.14.98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<b>DP</b>
NAME	<b>BAGOSY, JOSEPH</b>	1.2 NAME	<b>TOM WEIGHILL</b>
STREET ADDRESS	<b>864 KELLY GREEN STREET</b>	1.3 STREET ADDRESS	<b>675 KELLY GREEN ST</b>
CITY-ST-ZIP	<b>OVIEDO FL</b>	1.4 CITY-ST-ZIP	<b>OVIEDO FL 32765</b>
TITLE	<b>DV</b>	2.1 TITLE	
NAME	<b>HALL, GARY</b>	2.2 NAME	
STREET ADDRESS	<b>647 LADY LYNN COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OVIEDO FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DS</b>	3.1 TITLE	<b>DS</b>
NAME	<b>POTTER, MIKE</b>	3.2 NAME	<b>JACKIE DANIEL</b>
STREET ADDRESS	<b>692 KELLY GREEN STREET</b>	3.3 STREET ADDRESS	<b>675 KELLY GREEN ST</b>
CITY-ST-ZIP	<b>OVIEDO FL</b>	3.4 CITY-ST-ZIP	<b>OVIEDO FL 32765</b>
TITLE	<b>D</b>	4.1 TITLE	<b>DV</b>
NAME	<b>DANGEL, DAVID D</b>	4.2 NAME	
STREET ADDRESS	<b>678 KELLY GREEN ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OVIEDO FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	5.1 TITLE	
NAME	<b>WATERS, CURTIS</b>	5.2 NAME	
STREET ADDRESS	<b>573 KELLY GREEN</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OVIEDO FL</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>TOM WEIGHILL</b>	
1.3 STREET ADDRESS	<b>675 KELLY GREEN ST</b>	
1.4 CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JACKIE DANIEL</b>	
3.3 STREET ADDRESS	<b>675 KELLY GREEN ST</b>	
3.4 CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
4.1 TITLE	<b>DV</b>	<input checked="" 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.

SIGNATURE: Curtis Waters **CURTIS WATERS** DATE **4.14.98** Daytime Phone # **407-366-9351**

CR2837 (10/97)