

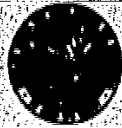
**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northern  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 750250 (3)**  
1. Corporation Name  
**OAKHURST CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**4255 OAKHURST CIRCLE EAST SARASOTA FL 34233**      **4255 OAKHURST CIRCLE EAST SARASOTA FL 34233**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/18/1979**      3a. Date of Last Report **05/17/1994**  
4. FEI Number **59-2093754**      Applied For:  Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 601(c)(3)  **\$68.75 Supplemental Tax Exempt Status Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

9. Name and Address of Current Registered Agent  
**BECKER & POLIAKOFF  
630 S. ORANGE AVENUE  
THIRD FLOOR  
SARASOTA FL 33578**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      **FL**      85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>BENNETT, MARIE</b>
STREET ADDRESS	<b>4249 OAK HURST CIRCLE, E</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>TD</b>
NAME	<b>DUNN, FRANK J</b>
STREET ADDRESS	<b>4135 OAK HURST CIRCLE, W</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>D</b>
NAME	<b>HAYDON, VIRGINIA</b>
STREET ADDRESS	<b>4211 OAKHURST CIR. E.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>SD</b>
NAME	<b>MCQUEEN, J. W.</b>
STREET ADDRESS	<b>3011 OAKHURST BLVD</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>VD</b>
NAME	<b>OLSEN, GEORGE</b>
STREET ADDRESS	<b>4282 OAK HURST CIRCLE EAST</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>D</b>
NAME	<b>FULLER, RICHARD</b>
STREET ADDRESS	<b>4021 OAK HURST DRIVEE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>D ROBERT BAKIN</b>
1.3 STREET ADDRESS	<b>4260 OAKHURST CIRCLE EAST</b>
1.4 CITY-ST-ZIP	<b>SARASOTA FL 34233</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D Paul Segal</b>
2.3 STREET ADDRESS	<b>4158 OAKHURST CIRCLE WEST</b>
2.4 CITY-ST-ZIP	<b>SARASOTA FL 34233</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>D FRANK DUNN</b>
3.3 STREET ADDRESS	<b>4135 OAKHURST CIRCLE WEST</b>
3.4 CITY-ST-ZIP	<b>SARASOTA FL 34233</b>
4.1 TITLE	<input 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 checked="" type="checkbox"/> Addition
6.2 NAME	<b>TREASURER</b>
6.3 STREET ADDRESS	<b>John Hopkins</b>
6.4 CITY-ST-ZIP	<b>4159 OAKHURST CIRCLE WEST SARASOTA FL 34233</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(b), 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: J.W. McQueen      J.W. McQueen      3-27-95      813-371-7857  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #