

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90138 018 ****61.25

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DOCUMENT # 750250

1. Corporation Name

OAKHURST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**4255 OAKHURST CIRCLE EAST
SARASOTA FL 34233**

Mailing Address

**4255 OAKHURST CIRCLE EAST
SARASOTA FL 34233**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/18/1979

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

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DD	<input checked="" type="checkbox"/> DELETE
NAME	EAKIN, BOB	
STREET ADDRESS	4260 OAKHURST CIRCLE E	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ERICKSON, K	
STREET ADDRESS	4217 OAKHURST CIR E	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DEUTSCH, S	
STREET ADDRESS	3967 OAKHURST BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MACLEOD, V	
STREET ADDRESS	4059 OAKHURST DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	MINOR, GINNY	
STREET ADDRESS	4079 OAKHURST DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	OLSEN, G	
STREET ADDRESS	4282 OAKHURST CIR E	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	RICHARD FULLER	
13 STREET ADDRESS	4021 OAKHURST DR	
14 CITY-ST-ZIP	SARASOTA, FL 34233	
21 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	ROBERT JETTE	
23 STREET ADDRESS	3911 OAKHURST BLVD	
24 CITY-ST-ZIP	SARASOTA, FL 34233	
31 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	HILDE ROLAND	
33 STREET ADDRESS	3932 OAKHURST BLVD	
34 CITY-ST-ZIP	SARASOTA, FL 34233	
41 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	LAURA QUEEN	
43 STREET ADDRESS	4050 OAKHURST DR	
44 CITY-ST-ZIP	SARASOTA	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *Gwendolyn T. MacLeod*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-99

Date

(941) 377-4300

Day/Even Phone #

CR2E037 (11/98)