

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000003533

**Entity Name:** OAKLEYS MUD RIVER SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 02, 2019**  
**Secretary of State**  
**2448042457CC**

**Current Principal Place of Business:**

5322 FELKER DR  
WEEKI WACHEE, FL 34607

**Current Mailing Address:**

5322 FELKER DR  
WEEKI WACHEE, FL 34607

**FEI Number: 56-2399615**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HOBBY, H. CLYDE  
5709 TIDALWAVE DR  
NEW PORT RICHEY, FL 34652 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name CHARLES, SHEILA H  
Address 5322 FELKER DR  
City-State-Zip: WEEKI WACHEE FL 34607

Title DV  
Name BELL, ALICE B  
Address 5340 FELKER DR  
City-State-Zip: WEEKI WACHEE FL 34607

Title DS  
Name BRAUN, DENNIS G DS  
Address 5310 FELKER DR  
City-State-Zip: WEEKI WACHEE FL 34607

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SHEILA H CHARLES**

**PRESIDENT**

**04/02/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date