

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 01, 2004
Secretary of State**

DOCUMENT# N31864

Entity Name: OAK BLUFFS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

% FRANK D. UPCHURCH, III
780 N. PONCE DE LEON BLVD
ST. AUGUSTINE, FL 32084

Current Mailing Address:

New Mailing Address:

% FRANK D. UPCHURCH, III
P. O. DRAWER 3007
ST. AUGUSTINE, FL 32085 US

FEI Number: 59-2947005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

UPCHURCH, FRANK D., III
780 N. PONCE DE LEON BLVD
ST AUGUSTINE, FL 32084 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DIMARE, FRANK,
Address: 3545 U.S. 1 SOUTH
City-St-Zip: ST. AUGUSTINE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Delete
Name: FERNANDEZ, DONNA
Address: 4149 OAKBLUFF DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: PAULES, GEORGE
Address: 4184 OAKBLUFF DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Delete
Name: UPCHURCH, FRANK D., III
Address: 4148 CREEKBLUFF DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD () Delete
Name: MCCARTY, A. OBIE,
Address: 4112 CREEKBLUFF DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANK D. UPCHURCH III

TD

07/01/2004

Electronic Signature of Signing Officer or Director

Date