

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 02, 2005  
Secretary of State**

DOCUMENT# N31864

Entity Name: OAK BLUFFS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

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

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

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:**

Title: D ( ) Delete  
Name: DIMARE, FRANK,  
Address: 3545 U.S. 1 SOUTH  
City-St-Zip: ST. AUGUSTINE, FL  
  
Title: D ( ) Delete  
Name: PAULES, GEORGE  
Address: 4184 OAKBLUFF DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32086  
  
Title: TD ( ) Delete  
Name: UPCHURCH, FRANK D., III  
Address: 4148 CREEKBLUFF DR  
City-St-Zip: SAINT AUGUSTINE, FL 32086  
  
Title: PD ( ) Delete  
Name: MCCARTY, A. OBIE,  
Address: 4112 CREEKBLUFF DR  
City-St-Zip: SAINT AUGUSTINE, FL 32086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

02/02/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date