


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90112 014 \*\*\*\*61.25

<b>DOCUMENT # N31864</b> 1. Entity Name <b>OAK BLUFFS HOMEOWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business <b>% FRANK D. UPCHURCH, III</b> <b>780 N. PONCE DE LEON BLVD</b> <b>ST. AUGUSTINE, FL 32084</b>	Mailing Address <b>% FRANK D. UPCHURCH, III</b> <b>P. O. DRAWER 3007</b> <b>ST. AUGUSTINE, FL 32085 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01172007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2947005</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
UPCHURCH, FRANK D., III 780 N. PONCE DE LEON BLVD ST AUGUSTINE, FL 32084	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>

8. 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. I am familiar with, and accept the obligations of registered agent.

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

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	FRANK, DIMARE W
STREET ADDRESS	3545 HIGHWAY US 1 SOUTH
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	PAULES, GEORGE
STREET ADDRESS	4184 CREEKBLUFF DRIVE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	TD <input type="checkbox"/> Delete
NAME	UPCHURCH, FRANK D III
STREET ADDRESS	4148 CREEKBLUFF DRIVE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	PD <input type="checkbox"/> Delete
NAME	MCCARTY, A. OBIE
STREET ADDRESS	4112 CREEKBLUFF DRIVE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shrader, John Glenn
STREET ADDRESS	4135 Creekbluff Drive
CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry, Russell
STREET ADDRESS	4149 Creekbluff Drive
CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Upchurch, Frank D III
STREET ADDRESS	4148 Creekbluff Drive
CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCarty, Anthony Obie
STREET ADDRESS	4112 Creekbluff Drive
CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'Connell, W. Henry
STREET ADDRESS	2200 N. Ponce de Leon Boulevard #10
CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Frank D. Upchurch III** 1/19/07 (904) 829-9066  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #