
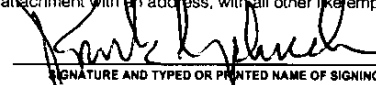


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90113 029 ****61.25

DOCUMENT # N31864					
1. Entity Name OAK BLUFFS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business % FRANK D. UPCHURCH, III 780 N. PONCE DE LEON BLVD ST. AUGUSTINE, FL 32084			Mailing Address % FRANK D. UPCHURCH, III P. O. DRAWER 3007 ST. AUGUSTINE, FL 32085 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2947005	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
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		
			FL Zip Code		
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)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHRADER, JOHN G		NAME		
STREET ADDRESS	4135 CREEKBLUFF DR		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TERRY, RUSSELL		NAME		
STREET ADDRESS	4149 CREEKBLYFF DR		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	UPCHURCH, FRANK D III		NAME		
STREET ADDRESS	4148 CREEKBLUFF DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCARTY, ANTHONY O		NAME		
STREET ADDRESS	4112 CREEKBLUFF DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNELL, W HENRY		NAME	O'Connell, W. Henry	
STREET ADDRESS	2200 N PONCE DE LEON BOULEVARD #10		STREET ADDRESS	2825 Lewis Speedway #104	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086		CITY-ST-ZIP	Saint Augustine, FL 32084	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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		4/17/08 (904) 829-9066	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	