

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31864

**FILED  
Mar 17, 2016  
Secretary of State  
CC6674499648**

**Entity Name:** OAK BLUFFS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 59-2947005

**Certificate of Status Desired:** No

**Name and Address of Current 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

**Officer/Director Detail :**

Title D  
Name SHRADER, JOHN G  
Address 4135 CREEKBLUFF DR  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title D  
Name TERRY, RUSSELL  
Address 4149 CREEKBLYFF DR  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title STD  
Name UPCHURCH, FRANK DIII  
Address 4148 CREEKBLUFF DRIVE  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title PD  
Name MCCARTY, ANTHONY O  
Address 4112 CREEKBLUFF DRIVE  
City-State-Zip: SAINT AUGUSTINE FL 32086

*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:** FRANK D UPCHURCH III

STD

03/17/2016

Electronic Signature of Signing Officer/Director Detail

Date