

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2002 8:00 am**  
**Secretary of State**

04-26-2002 90022 011 \*\*\*\*61.25

**DOCUMENT # N31864**

1. Entity Name

**OAK BLUFFS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

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

031040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2947005**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Delete
NAME	<b>DIMARE, FRANK</b>
STREET ADDRESS	<b>3545 U.S. 1 SOUTH</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>ARNOLD, MIKE</b>
STREET ADDRESS	<b>4172 CREEKBLUFF DR.</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>WADSWORTH, LEWIS E., III</b>
STREET ADDRESS	<b>411 WOODBLUFF TERR</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>UPCHURCH, FRANK D., III</b>
STREET ADDRESS	<b>4148 CREEKBLUFF DR</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>MCCARTY, A. OBIE</b>
STREET ADDRESS	<b>4112 CREEKBLUFF DR</b>
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>SHRADER, JOHN G.</b>
STREET ADDRESS	<b>4135 CREEKBLUFF DR</b>
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIRECTOR</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIRECTOR DONNA FERNANDEZ</b>
STREET ADDRESS	<b>7149 OAKBLUFF DR</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32086</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIRECTOR GEORGE PAULES</b>
STREET ADDRESS	<b>4184 OAKBLUFF DR</b>
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32086</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIRECTOR, TREASURER</b>
STREET ADDRESS	
CITY-ST-ZIP	<b>32086</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIRECTOR, PRESIDENT</b>
STREET ADDRESS	
CITY-ST-ZIP	<b>32086</b>
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 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 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 an other like empowered.

SIGNATURE:

*Frank D. Upchurch*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

Date

904 829 9066

Daytime Phone #

CR2E037 (9/01)