

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90351 002 \*\*\*\*70.00

UBR0308

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2947005**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D	DIMARE, FRANK	3545 U.S. 1 SOUTH ST. AUGUSTINE FL	<input type="checkbox"/>	<input type="checkbox"/>
	D	FERNANDEZ, DONNA	4149 OAKBLUFF DRIVE SAINT AUGUSTINE FL 32086	<input type="checkbox"/>	<input type="checkbox"/>
	D	PAULES, GEORGE	4184 OAKBLUFF DRIVE SAINT AUGUSTINE FL 32086	<input type="checkbox"/>	<input type="checkbox"/>
	TD	UPCHURCH, FRANK D., III	4148 CREEKBLUFF DR SAINT AUGUSTINE FL 32086	<input type="checkbox"/>	<input type="checkbox"/>
	PD	MCCARTY, A. OBIE	4112 CREEKBLUFF DR SAINT AUGUSTINE FL 32086	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 all other like empowered.

SIGNATURE:

*FRANK D. UPCHURCH III*

FRANK D. UPCHURCH III 7/6/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (4/03)