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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706508 (9)

1. Corporation Name

OAKHURST GROVES HOME OWNERS' ASSOCIATION INC~~ORPORATED~~ INC.

Principal Place of Business	Mailing Address
~~13705 JAMAICA DR~~ ~~SEMINOLE FL 34646~~ US	~~13705 JAMAICA DR~~ ~~SEMINOLE FL 33776-1333~~ US

3. Date Incorporated or Qualified: 12/05/1963
3a. Date of Last Report: 06/24/1996

2. Principal Place of Business
21 PO BOX 4593
22 Suite, Apt. #, etc.
23 City & State: SEMINOLE, FL
24 Zip: 33775-4593 25 Country: USA

2a. Mailing Address
26 PO BOX 4593
27 Suite, Apt. #, etc.
28 City & State: SEMINOLE, FL
29 Zip: 33775-4593 30 Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~HEATH, LEE~~
~~13705 JAMAICA DR~~
~~SEMINOLE FL 34646~~
ANDREW L. BARAUSKAS, ESQ
5462 CENTRAL AVE
ST. PETERSBURG, FL 33707

10. Name and Address of New Registered Agent

81 Name: ANDREW L. BARAUSKAS, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 5462 CENTRAL AVE
83 City: ST. PETERSBURG
84 FL 85 Zip Code: 33707

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: ANDREW L. BARAUSKAS, ESQ — 28 APR 97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD PRESIDENT	☒ Change ☐ Addition
NAME	HEATH, LEE		1.2 NAME	RALPH FRIZZLE	
STREET ADDRESS	13705 JAMAOCA DR		1.3 STREET ADDRESS	13895 TRINIDAD DR	
CITY-ST-ZIP	SEMINOLE FL		1.4 CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE	TD	☒ DELETE	2.1 TITLE	VD VICE PRESIDENT	☒ Change ☐ Addition
NAME	NIEMANN, DEVERA		2.2 NAME	LEE HEATH	
STREET ADDRESS	13863 MONTERGO DRIVE		2.3 STREET ADDRESS	13705 JAMAICA DR	
CITY-ST-ZIP	SEMINOLE FL		2.4 CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE	SD	☒ DELETE	3.1 TITLE	S/T/D SEC./TREAS.	☒ Change ☐ Addition
NAME	ARENT, ANGELA		3.2 NAME	JEAN SMITH	
STREET ADDRESS	13746 BERMUDA DR.		3.3 STREET ADDRESS	13878 MONTEGO DR.	
CITY-ST-ZIP	SEMINOLE FL 34646		3.4 CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE	VD	☒ DELETE	4.1 TITLE	D DIRECTOR	☒ Change ☐ Addition
NAME	SMITH, JEAN		4.2 NAME	MARY HOFFMAN	
STREET ADDRESS	13878 MONTEGO DRIVE		4.3 STREET ADDRESS	13768 MARTINIQUE DR.	
CITY-ST-ZIP	SEMINOLE FL		4.4 CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] — 22 APR 97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0051890