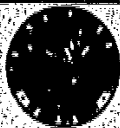


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 8:07

DOCUMENT # 750250 (3)

1. Corporation Name

OAKHURST CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**4255 OAKHURST CIRCLE EAST
SARASOTA FL 34233**

Mailing Address

**4255 OAKHURST CIRCLE EAST
SARASOTA FL 34233**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1979

3a. Date of Last Report

05/17/1994

4. FEI Number

59-2093754

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ **Yes**

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

23

Country

26 City & State

26

Country

24 Zip

25

29 Zip

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BECKER & POLIAKOFF
630 S. ORANGE AVENUE
THIRD FLOOR
SARASOTA FL 33578**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
BENNETT, MARIE
4249 OAK HURST CIRCLE, E
SARASOTA FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
DUNN, FRANK J
4135 OAK HURST CIRCLE, W
SARASOTA FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
HAYDON, VIRGINIA
4211 OAKHURST CIR. E.
SARASOTA FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SD
MCQUEEN, J. W.
3011 OAKHURST BLVD
SARASOTA FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
OLSEN, GEORGE
4282 OAK HURST CIRCLE EAST
SARASOTA FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
FULLER, RICHARD
4021 OAK HURST DRIVEE
SARASOTA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**D
ROBERT BAKIN
4260 OAKHURST CIRCLE EAST
SARASOTA FL 34233**

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

**D
PAUL SEGAL
4158 OAKHURST CIRCLE WEST
SARASOTA FL 34233**

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

**D
FRANK DUNN
4135 OAKHURST CIRCLE WEST
SARASOTA FL 34233**

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**TREASURER
JOHN HOPKINS
4159 OAKHURST CIRCLE WEST
SARASOTA FL 34233**

☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(b), 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:

J.W. McQueen

J.W. McQueen

3-27-95 813-371-7857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #