FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 19 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750250 (3)

1. Corporation Name
OAKHURST CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4255 OAKHURST CIRCLE EAST SARASOTA FL 34233	4255 OAKHURST CIRCLE EAST SARASOTA FL 34233

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 ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 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	1.1 TITLE	D	☐ Change ☒ Addition
NAME	BENNETT, MARIE	1.2 NAME	Robert Eakin	
STREET ADDRESS	4249 OAK HURST CIRCLE ,E	1.3 STREET ADDRESS	4260 OAKhurst Circle East	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA Fl 34233	
TITLE	TD	2.1 TITLE	D	☐ Change ☒ Addition
NAME	DUNN, FRANK J	2.2 NAME	Paul Segal	
STREET ADDRESS	4135 OAK HURST CIRCLE,W	2.3 STREET ADDRESS	4158 OAKhurst CirCle West	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA Fl 34233	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	HAYDON, VIRGINIA	3.2 NAME	FRANK DUNN	
STREET ADDRESS	4211 OAKHURST CIR. E.	3.3 STREET ADDRESS	4135 OAKhurst CirCle West	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA Fl 34233	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	MCQUEEN, J. W.	4.2 NAME		
STREET ADDRESS	3911 OAKHURST BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	OLSEN, GEORGE	5.2 NAME		
STREET ADDRESS	4282 OAK HURST CIRCLE EAST	5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	FULLER, RICHARD	6.2 NAME	John Hopkins	
STREET ADDRESS	4021 OAK HURST DRIVEE	6.3 STREET ADDRESS	4159 OAKhurst CirCle West	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	SARASOTA Fl 34233	

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 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: 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 #

0018990