FILE NOW: FILING FEE IS $61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **750250** **(3)**

1. Corporation Name

OAKHURST CONDOMINIUM ASSOCIATION, INC.

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

4. FEI Number: 59-2093754 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 | 2a. Mailing Address 26

Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27

City & State 23 | City & State 28

Zip 24 | Country 25 | Zip 29 | Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	DD	☒ Change ☐ Addition
NAME	EAKIN, BOB		1.2 NAME		
STREET ADDRESS	4260 OAKHURST CIRCLE E		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE	PD	☐ Change ☒ Addition
NAME	DUNN, FRANK J		2.2 NAME	ERICKSON, KAI	
STREET ADDRESS	4135 OAK HURST CIRCLE,W		2.3 STREET ADDRESS	4217 OAKHURST CIRCLE E	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE	SD	☐ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	QUEEN, LAURA D		3.2 NAME	DEUTSCH, SID	
STREET ADDRESS	4050 OAKHURST DR		3.3 STREET ADDRESS	3967 OAKHURST BLVD	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	LUCHESI, RICHARD		4.2 NAME	MACLEOD, BEV	
STREET ADDRESS	4221 OAKHURST CIRCLE E		4.3 STREET ADDRESS	4059 OAKHURST DRIVE	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE	CD	☐ DELETE	5.1 TITLE	DD	☒ Change ☐ Addition
NAME	MINOR, GINNY		5.2 NAME		
STREET ADDRESS	4079 OAKHURST DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	DD	☐ Change ☒ Addition
NAME			6.2 NAME	OLSEN, GEORGE	
STREET ADDRESS			6.3 STREET ADDRESS	4282 OAKHURST CIRCLE E	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	SARASOTA, FL	

CR2E037 (10/97)

14. 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 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: Beverly T. MacLeod APR 28 1998