

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750250

FILED
Mar 23, 2009
Secretary of State

Entity Name: OAKHURST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4255 OAKHURST CIRCLE EAST
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

4255 OAKHURST CIRCLE EAST
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 59-2093754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARGUS PROPERTY MANAGEMENT INC.
2477 STICKNEY PT. RD.
SUITE 118A
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COHN, FENTON
Address: 4176 OAKHURST CIR. W
City-St-Zip: SARASOTA, FL 34233

Title: T () Delete
Name: ROSS, R. R
Address: 4223 OAKHURST CIRCLE EAST
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: CERRATO, WILLIAM
Address: 4007 OAKHURST DR.
City-St-Zip: SARASOTA, FL 34233

Title: VP () Delete
Name: DWIGHT, THOMAS R
Address: 4185 OAKHURST CIR. W
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: COOK, NORM
Address: 3976 OAKHURST BLVD
City-St-Zip: SARASOTA, FL 34233

Title: S () Delete
Name: MULDOON, BETTY
Address: 3965 OAKHURST BLVD
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ROSS, ROBERT R
Address: 4223 OAKHURST CIRCLE EAST
City-St-Zip: SARASOTA, FL 34233

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FENTON COHN

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date