

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90420 038 \*\*\*\*61.25

**DOCUMENT # 758961**

1. Entity Name

**OAKHURST GARDEN APARTMENTS CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

**13051 PARK BLVD.  
SEMINOLE FL 33776**

Mailing Address

**C/O CMC INC  
4175 EAST BAY DR. #205  
CLEARWATER FL 33764**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-3613897**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HILDEBRANDT, HAL  
C/O CMC INC.  
4175 EAST BAY DR. #205  
CLEARWATER FL 33764**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	REESE, COLLEEN	
STREET ADDRESS	12300 PARK BLVD. #117	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	SD	<input type="checkbox"/> Delete
NAME	THORN, JOANN	
STREET ADDRESS	12300 PARK BLVD #201	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DOBBS, ANNA	
STREET ADDRESS	12300 PARK BLVD, #205	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERRY, PAUL	
STREET ADDRESS	12300 PARK BLVD. #121	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAYDEN, NORAH	
STREET ADDRESS	12300 PARK BLVD, #106	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pat Nambow DVS	
STREET ADDRESS	12300 Park Blvd #201	
CITY-ST-ZIP	Seminole, FL 33772	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harriet Smith	
STREET ADDRESS	12300 Park Blvd #207	
CITY-ST-ZIP	Seminole, FL 33772	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Jo-Ann Thorn* **Jo-Ann Thorn** **3-16-06** **727-391-7173**