

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

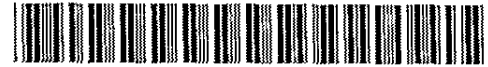
DOCUMENT # N00000001852

1. Entity Name
OAKHURST SEMINOLE COUNTY HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business
1381 GRAFTON COURT
OVIEDO, FL 32765

Mailing Address
1381 GRAFTON COURT
OVIEDO, FL 32765



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3636324

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WIEST, PAUL H
1381 GRAFTON COURT
OVIEDO, FL 32765

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WIEST, PAUL H 1381 GRAFTON CT. OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRYOR, RICHARD 1370 GRAFTON CT. OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KINGSLAND, RICHARD A 1350 GRAFTON CT. OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000593219
01/22/07-80023-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Paul H. Wiest Paul H Wiest
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-07

Date

407-942-4142

Daytime Phone #