


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 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
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**DO NOT WRITE IN THIS SPACE**

02112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3636324	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WEST, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WEST, 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	

U000000827278  
02/21/08-80084-006 61.25

**DO NOT WRITE  
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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 West Paul West 2-11-08 407-474-3988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #