

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90405 049 ****70.00

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1. Entity Name
**OAKHURST MANOR TOWNHOMES HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
11030 63RD AVE N
SEMINOLE, FL 33772

Mailing Address
P.O. BOX 14357
CLEARWATER, FL 33766

50012476



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number

04-3657731

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERI-TECH REALTY INC.
1799-B N. BELCHER RD
CLEARWATER, FL 33765**

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

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CAMFIELD, STEVEN ☒ Delete
STREET ADDRESS 11022 63RD AVE N
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE PD ☐ Change ☒ Addition
NAME Darlene Menth
STREET ADDRESS 11034 - 63rd Ave
CITY-ST-ZIP Seminole, FL 33772

TITLE TD ☒ Delete
NAME WESTHOFF, RISA
STREET ADDRESS 11048 63RD AVE N
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE TD ☐ Change ☒ Addition
NAME Robin Dagway
STREET ADDRESS 11024 - 63rd Ave
CITY-ST-ZIP Seminole, FL 33772

TITLE SD ☐ Delete
NAME MCCUNE, VAL
STREET ADDRESS 11044 63RD AVE N
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Valerie McCune

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-06

Date

727-
726-8000

Daytime Phone #