

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004446

FILED  
Mar 27, 2009  
Secretary of State

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

**Current Principal Place of Business:**

11030 63RD AVE N  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14357  
CLEARWATER, FL 33766

**New Mailing Address:**

**FEI Number:** 04-3657731

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

AMERI-TECH REALTY INC.  
24701 US HIGHWAY 19 N SUITE #102  
CLEARWATER, FL 33763 US

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: MICHAEL G PEREZ, PRESIDENT

03/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GIZ, SANDRA  
Address: 11026 63RD AVE  
City-St-Zip: SEMINOLE, FL 33772

Title: TD ( ) Delete  
Name: CARDOZO, ROBYN  
Address: 11024 63RD AVE  
City-St-Zip: SEMINOLE, FL 33772

Title: SD ( ) Delete  
Name: RUDOLPH, ELIZABETH  
Address: 11016 63RD AVE N  
City-St-Zip: SEMINOLE, FL 33772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Change ( ) Addition  
Name: SCHARF, KARYN  
Address: 11062 63RD AVE N  
City-St-Zip: SEMINOLE, FL 33772

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: SANDRA GIZ

PD

03/27/2009

Electronic Signature of Signing Officer or Director

Date