2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State
03-18-2005 90061 018 ****61.25

DOCUMENT # N00000008560

1. Entity Name

OAKHURST HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 740183 ORANGE CITY FL 32777-4 US	P.O. BOX 740183 ORANGE CITY FL 32777-4 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E037 (10/04)

4. FEI Number 59-3700221 ☐ Applied For ☐ Not Applicable

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
STEUDLE, RON 610 TRENIA ANN LANE ORANGE CITY FL 32763	Name: Heather Hahn Street Address (P.O. Box Number is Not Acceptable): 620 Trenia Ann Ln City: Orange City FL Zip Code: 32763

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] 3-13-05
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, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC STUEDLE, DEBBY SEC 610 TRENIA ANN LANE ORANGE CITY FL 32763	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC Heather Hahn 620 Trenia Ann Ln Orange City FL 32763	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREA BLAIR, MICHAEL TREAS 640 TRENIA ANN LANE ORANGE CITY FL 32763	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tred Heather Hahn 620 Trenia Ann Ln Orange City FL 32763	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES STUEDLE, RON PRES 610 TRENIA ANN LANE ORANGE CITY FL 32763	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres Maggie Hahn 615 Trenia Ann Ln Orange City FL 32763	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR HAHN, LISA DIR 620 TRENIA ANN LANE ORANGE CITY FL 32763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dir Joan Venezia 601 Trenia Ann Ln Orange City FL 32763	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR CIANCHETTI, MARK DIR 645 TRENIA ANN LANE ORANGE CITY FL 32763	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dir Jeremie Brown 655 Central Ave Orange City FL 32763	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR BROWN, JEREME DIR 655 CENTRAL AVENUE ORANGE CITY FL 32763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 4/26/05 386-789-1440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #