


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90224 044 \*\*\*\*61.25

<b>DOCUMENT #</b> N00000008560-	
<b>1. Entity Name</b> OAKHURST HOMEOWNER'S ASSOCIATION, INC.	

<b>Principal Place of Business</b> P.O. BOX 740183 ORANGE CITY FL 32777-4 US	<b>Mailing Address</b> P.O. BOX 740183 ORANGE CITY FL 32777-4 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b> 1330 E Henshaw Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Orange City FL	<b>City &amp; State</b> Orange City FL
<b>Zip</b> 32763	<b>Country</b> USA

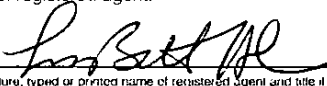
<b>4. FEI Number</b> 59-3700221	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> HARTON, LISA 620 TRENIA ANN LANE ORANGE CITY FL 32763
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<b>7. Name and Address of New Registered Agent</b> Name: LISA HARTON Street Address (P.O. Box Number is Not Acceptable) City: Orange City FL Zip Code: 32763
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**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:  DATE: 4-1-06

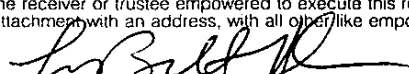
(NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> STUEDLE, DEBBY SEC 610 TRENIA ANN LANE ORANGE CITY FL 32763 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA</b> BLAIR, MICHAEL TREAS 640 TRENIA ANN LANE ORANGE CITY FL 32763 <input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES</b> STUEDLE, RON PRES 610 TRENIA ANN LANE ORANGE CITY FL 32763 <input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR</b> HAHN, LISA DIR 620 TRENIA ANN LANE ORANGE CITY FL 32763 <input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR</b> CIANCHETTI, MARK DIR 645 TRENIA ANN LANE ORANGE CITY FL 32763 <input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR</b> BROWN, JEROME DIR 655 CENTRAL AVENUE ORANGE CITY FL 32763 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Trea</b> LISA HARTON 620 Trena Ann Lane Orange City FL 32763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres</b> Rob Capelli 1330 E Henshaw Ave Orange City FL 32763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Dir</b> Jana Vancina Trenia Ann Ln Orange City FL 32763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Dir</b> Ron Stuedle 610 Trena Ann Ln Orange City FL 32763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE: 4-1-06 386 289 1440