

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90100 030 ****61.25

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1. Entity Name
OAKHURST RESERVE HOMEOWNERS ASSOCIATION, INC.



Principal P
206 ELM Premier Property Management of CFL
SANFORD 735 Primera Boulevard Suite 110
Lake Mary, FL 32746

SS
6
32772

DO NOT WRITE IN THIS SPACE



02202008 No Chg-NP CR2E037 (4/06)

4. FEI Number
13-4226465

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PR
206 Premier Property Management of CFL
SA **735 Primera Boulevard Suite 110**
Lake Mary, FL 32746

**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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEIJERS, LIDY 1643 FIDDLEWOOD CT. CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SONURA, MARIO 1882 LAUREL BROOK LOOP CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASH, DEE 1250 GRATHAM COURT CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKRABAN, JEFF <i>Hart, Jim</i> 1863 LAUREL BROOK LOOP <i>1807 Laurel Brook Loop</i> CASSELBERRY, FL 32707 <i>Casselberry FL 32707</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, KEITH 1155 SNUG HARBOR CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSS, TED 1154 SNUGHARBOR CASSELBERRY, FL 32707

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **Dee Cash / Pres HOA**

Date

3/11/08

Daytime Phone #

407-322-4922