


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000001917 1. Entity Name THE OAKS AT PERRINE RANCH ASSOCIATION, INC.	
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Principal Place of Business 6915 SR 54 NEW PORT RICHEY, FL 34653	Mailing Address 6915 SR 54 NEW PORT RICHEY, FL 34653
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07052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE


4. FEI Number 51-0505806	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARRILL, J. BEN 3224 BLURR BLVD HOLIDAY, FL 34691

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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  _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by September 7, 2005**

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	D FIGURSKI, GERALD A 2345 US HWY 19 SUITE 350 HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRILL, J. BEN 2345 US HWY 19 SUITE 350 HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKWELL, GARY 6915 STATE ROAD 54 NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/18/05-80004-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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:  _____ Date: **7/15/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald A. Figurski, Director