

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

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90126 011 \*\*\*\*\*61.25

**DOCUMENT # N03000001917**

1. Entity Name

THE OAKS AT PERRINE RANCH ASSOCIATION, INC.



Principal Place of Business

6915 SR 54  
NEW PORT RICHEY FL 34653

Mailing Address

6915 SR 54  
NEW PORT RICHEY FL 34653



2. Principal Place of Business

2550 Permit Place

Suite, Apt. #, etc.

3. Mailing Address

2550 Permit Place

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

New Port Richey, Fl.

City & State

New Port Richey Fl.

4. FEI Number

51-0505806

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

HARRILL, J. BEN  
3224 BLURR BLVD  
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*J Ben Harrill, Inc*

2/21/06

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, 2006**

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

TITLE D ☐ Delete  
NAME FIGURSKI, GERALD A  
STREET ADDRESS 2345 US HWY 19 SUITE 350  
CITY-ST-ZIP HOLIDAY FL 34691

TITLE D ☐ Delete  
NAME HARRILL, J. BEN  
STREET ADDRESS 2345 US HWY 19 SUITE 350  
CITY-ST-ZIP HOLIDAY FL 34691

TITLE D ☐ Delete  
NAME BLACKWELL, GARY  
STREET ADDRESS 6915 STATE ROAD 54  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *J Ben Harrill, Inc*

2/21/06 (727) 943.0733