2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 07, 2007 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # N05000011051 1. Entity Name OAKHURST COMMUNITY ASSOCIATION, INC.								04-17-2007 90237 033 ****61.25				
Principal Place of Business 303 9TH STREET WEST, SUITE 201 BRADENTON, FL 34205 Mailing Address 303 9TH STREET WEST, SUITE 201 BRADENTON, FL 34205												
2. Principal P	lace of Busin	3. Mailir	3. Mailing Address									
Suite. Apt. #, etc.			Suit	e, Apt. #, etc.			04102007	Chg-NP	CR2E037	(12/06)		
City & State			City & State				4. FEI Numbe	\$S193 5	5 8	_ 	ptied For t Applicable	
Zip			Zip						e Required			
6. Name and Address of Current Registered Agent Name							7. Name and	Address of New R	egistered Ag	eni		
SUMMERS, STEVE E 303 9TH STREET WEST, SUITE 201 BRADENTON, FL 34205						Street Address (P.O. Box Number is Not Acceptable)						
						City	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 Signature, typed or primed here of registered agent and title if applicable. (MOTE: Registated Agent alignature required when reinstating) DATE												
Filling Fee Is \$61.25 9. Election Campaign F Due by May 1, 2007 Trust Fund Contribut							\$5.00 May B	e M	lake check j ida Departn	•		
10.	-	OFFICERS AND DIF	RECTORS		11.		ADDITIONS/CH/	ANGES TO OFFICE	RS AND DIRE	CTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-Z:P	PD Delete BUSKIRK, ADAM B				NAM STRI		<u> Dornandra</u>	INGES TO GETTICE		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-51-ZIP	VD Delete SMITH, DEBORAH L 303 9TH STREET WEST, SUITE 201 BRADENTON, FL 34205								[Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	SUMMERS, STEVE E 303 9TH STREET WEST, SUITE 201					E Et address -st-zip			(Change	Addition	
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12. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental perport 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 coxporation or the receiver or trustee-propowered to execute this 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 adjaces, with all other tike empowered.												