

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N31395 (9)**

1. Corporation Name  
**OAK BLUFFS, INC.**



Principal Place of Business  
**420 BAY AVENUE  
CLEARWATER FL 34616**

Mailing Address  
**420 BAY AVENUE  
CLEARWATER FL 34616**

3. Date Incorporated or Qualified  
**03/27/1989**

3a. Date of Last Report  
**01/30/1995**

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

City & State  
**23**

City & State  
**28**

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

4. FEI Number  
**59-3016385**

Applied For  
☐

Not Applicable  
☐

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  
☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**RAYMOND, J. PAUL  
400 CLEVELAND STREET  
SUITE 800  
CLEARWATER FL 34615**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
HEBERLING, LARYN D  
420 BAY AVENUE  
CLEARWATER FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VD  
KUHLMAYER, RICHARD  
420 BAY AVENUE  
CLEARWATER FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SD  
GERY, DAVID  
420 BAY AVE  
CLEARWATER FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Laryn D. Heberling**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/27/96**  
Date

**813-445-4700**  
Daytime Phone #

CR2E037 (12/95)