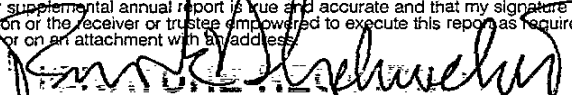


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N31864 (4) 1. Corporation Name OAK BLUFFS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business % FRANK D. UPCHURCH, III 780 N. PONCE DE LEON BLVD ST. AUGUSTINE FL 32084			Mailing Address % FRANK D. UPCHURCH, III P. O. DRAWER 3007 ST. AUGUSTINE FL 32085 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/21/1989	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2947005	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent UPCHURCH, FRANK D., III 780 N. PONCE DE LEON BLVD ST AUGUSTINE FL 32084				7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
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.				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				10. Name and Address of New Registered Agent	
12. OFFICERS AND DIRECTORS				81 Name	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				82 Street Address (P.O. Box Number is Not Acceptable)	
TITLE ☐ DELETE				83	
NAME DIMARE, FRANK				84 City	
STREET ADDRESS 3545 U.S. 1 SOUTH				85 Zip Code FL	
CITY-ST-ZIP ST. AUGUSTINE FL					
TITLE ☐ DELETE					
NAME ARNOLD, MIKE					
STREET ADDRESS 4172 CREEKBLUFF DR.					
CITY-ST-ZIP ST AUGUSTINE FL					
TITLE ☐ DELETE					
NAME WADSWORTH, LEWIS E., III					
STREET ADDRESS 411 WOODBLUFF TERR					
CITY-ST-ZIP ST. AUGUSTINE FL					
TITLE ☐ DELETE					
NAME UPCHURCH, FRANK D., III					
STREET ADDRESS 4148 CREEKBLUFF DR					
CITY-ST-ZIP ST. AUGUSTINE FL					
TITLE ☐ DELETE					
NAME MCCARTY, A. OBIE					
STREET ADDRESS 4112 CREEKBLUFF DR					
CITY-ST-ZIP ST AUGUSTINE FL					
TITLE ☐ DELETE					
NAME SHRADER, JOHN G.					
STREET ADDRESS 4135 CREEKBLUFF DR					
CITY-ST-ZIP ST AUGUSTINE FL					
14. 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 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:  115197 (904)829-9066					

CR2E037 (10/97)