FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Jan 15 1998 8:00am
Secretary of State

DOCUMENT # N31864 (4)

1. Corporation Name

OAK BLUFFS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% FRANK D. UPCHURCH. III 780 N. PONCE DE LEON BLVD ST. AUGUSTINE FL 32084	% FRANK D. UPCHURCH. III P. O. DRAWER 3007 ST. AUGUSTINE FL 32085 US

3. Date Incorporated or Qualified: 04/21/1989
4. FEI Number: 59-2947005 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

UPCHURCH, FRANK D., III
780 N. PONCE DE LEON BLVD
ST AUGUSTINE FL 32084

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DIMARE, FRANK		1.2 NAME	
STREET ADDRESS	3545 U.S. 1 SOUTH		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, MIKE		2.2 NAME	
STREET ADDRESS	4172 CREEKBLUFF DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WADSWORTH, LEWIS E., III		3.2 NAME	
STREET ADDRESS	411 WOODBLUFF TERR		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL		3.4. CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	UPCHURCH, FRANK D., III		4.2 NAME	
STREET ADDRESS	4148 CREEKBLUFF DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MCCARTY, A. OBIE		5.2 NAME	
STREET ADDRESS	4112 CREEKBLUFF DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL		5.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SHRADER, JOHN G.		6.2 NAME	
STREET ADDRESS	4135 CREEKBLUFF DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL		6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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: [signature] 1/5/97 (904)829-9066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #