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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31864

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

21

26

04/21/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

59-2947005

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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
NAME DIMARE, FRANK
STREET ADDRESS 3545 U.S. 1 SOUTH
CITY-ST-ZIP ST. AUGUSTINE FL

DELETE

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

Change Addition

TITLE T
NAME ARNOLD, MIKE
STREET ADDRESS 4172 CREEKBLUFF DR.
CITY-ST-ZIP ST AUGUSTINE FL

DELETE

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

Change Addition

TITLE T
NAME WADSWORTH, LEWIS E., III
STREET ADDRESS 411 WOODBLUFF TERR
CITY-ST-ZIP ST AUGUSTINE FL

DELETE

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

Change Addition

TITLE T
NAME UPCHURCH, FRANK D., III
STREET ADDRESS 4148 CREEKBLUFF DR
CITY-ST-ZIP ST. AUGUSTINE FL

DELETE

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

Change Addition

TITLE T
NAME MCCARTY, A. OBIE
STREET ADDRESS 4112 CREEKBLUFF DR
CITY-ST-ZIP ST AUGUSTINE FL

DELETE

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

Change Addition

TITLE T
NAME SHRADER, JOHN G.
STREET ADDRESS 4135 CREEKBLUFF DR
CITY-ST-ZIP ST AUGUSTINE FL

DELETE

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

Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/99 8048299066

CR2E037 (1/98)