2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State
05-09-2006 90074 036 ****61.25

DOCUMENT # N31864

1. Entity 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

04202006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2947005 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
UPCHURCH, FRANK D., III 780 N. PONCE DE LEON BLVD ST AUGUSTINE, FL 32084	Name Street Address (P.O. Box Number is Not Acceptable) 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIMARE, FRANK 3545 U.S. 1 SOUTH ST. AUGUSTINE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DiMare, W. Frank 3545 Highway U.S. 1 South St. Augustine, FL 32086	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAULES, GEORGE 4184 OAKBLUFF DRIVE SAINT AUGUSTINE, FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Paules, George 4184 Creekbluff Drive St. Augustine, FL 32086	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD UPCHURCH, FRANK D., III 4148 CREEKBLUFF DR SAINT AUGUSTINE, FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Upchurch, Frank D., III 4148 Creekbluff Drive St. Augustine, FL 32086	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCCARTY, A. OBIE 4112 CREEKBLUFF DR SAINT AUGUSTINE, FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD McCarty, A. Obie 4112 Creekbluff Drive St. Augustine, FL 32086	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/21/06 (904) 829-9066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Frank D. Upchurch III, Treasurer/Director