

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90112 014 \*\*\*\*61.25

**DOCUMENT # N31864**

1. Entity 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 - No P.O. Box #

3. Mailing Address

01172007 Chg-NP CR2E037 (12/06)

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, 2007**

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

TITLE **D** ☒ Delete  
NAME **FRANK, DIMARE W**  
STREET ADDRESS **3545 HIGHWAY US 1 SOUTH**  
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32086**

TITLE **D** ☒ Delete  
NAME **PAULES, GEORGE**  
STREET ADDRESS **4184 CREEKBLUFF DRIVE**  
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32086**

TITLE **TD** ☐ Delete  
NAME **UPCHURCH, FRANK D III**  
STREET ADDRESS **4148 CREEKBLUFF DRIVE**  
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32086**

TITLE **PD** ☐ Delete  
NAME **MCCARTY, A. OBIE**  
STREET ADDRESS **4112 CREEKBLUFF DRIVE**  
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32086**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **Shrader, John Glenn**  
STREET ADDRESS **4135 Creekbluff Drive**  
CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE **D** ☐ Change ☒ Addition  
NAME **Terry, Russell**  
STREET ADDRESS **4149 Creekbluff Drive**  
CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE **STD** ☒ Change ☐ Addition  
NAME **Upchurch, Frank D III**  
STREET ADDRESS **4148 Creekbluff Drive**  
CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE **PD** ☒ Change ☐ Addition  
NAME **McCarty, Anthony Obie**  
STREET ADDRESS **4112 Creekbluff Drive**  
CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE **D** ☐ Change ☒ Addition  
NAME **O'Connell, W. Henry**  
STREET ADDRESS **2200 N. Ponce de Leon Boulevard #10**  
CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

**Frank D. Upchurch III**

**1/19/07**

**(904) 829-9066**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #