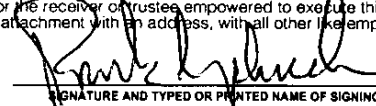


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90113 029 ****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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2947005	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UPCHURCH, FRANK D., III 780 N. PONCE DE LEON BLVD ST AUGUSTINE, FL 32084				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 SHRADER, JOHN G 4135 CREEKBLUFF DR SAINT AUGUSTINE, FL 32086	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY, RUSSELL 4149 CREEKBLYFF DR SAINT AUGUSTINE, FL 32086	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD UPCHURCH, FRANK D III 4148 CREEKBLUFF DRIVE SAINT AUGUSTINE, FL 32086	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCARTY, ANTHONY O 4112 CREEKBLUFF DRIVE SAINT AUGUSTINE, FL 32086	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNELL, W HENRY 2200 N PONCE DE LEON BOULEVARD #10 SAINT AUGUSTINE, FL 32086	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'Connell, W. Henry 2825 Lewis Speedway #104 Saint Augustine, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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: 		Frank D. Upchurch III		4/17/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	