

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90351 002 *****70.00

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

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

☐ CHECK HERE IF MAKING CHANGES

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

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

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FERNANDEZ, DONNA ☐ Delete
4149 OAKBLUFF DRIVE
SAINT AUGUSTINE FL 32086

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PAULES, GEORGE ☐ Delete
4184 OAKBLUFF DRIVE
SAINT AUGUSTINE FL 32086

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK D. UPCHURCH III 7/6/03

CR2E037 (4/03)