


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90276 015 \*\*\*\*61.25

<b>DOCUMENT # N94000002706</b>	
1. Entity Name <b>OAKHURST RIDGE HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>11398 CHURCH HILL TRL SEMINOLE, FL 33772</b>	Mailing Address <b>11398 CHURCH HILL TRL SEMINOLE, FL 33772</b>
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**14001736**



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>11345 Church Hill Tr</b> Suite, Apt. #, etc.
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04152005 Chg-NP CR2E037 (10/03)

City & State <b>Seminole FL</b>	4. FEI Number <b>65-0605423</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33772</b>	Country <b>Amellas</b>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>NOLAN, JOHN E 11398 CHURCH HILL JR SEMINOLE, FL 33772</b>
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<b>7. Name and Address of New Registered Agent</b>  Name <b>Dean McDowell</b> Street Address (P.O. Box Number is Not Acceptable) <b>11345 Church Hill Tr</b> City <b>Seminole</b> FL Zip Code <b>33772</b>
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I, 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: Dean E. McDowell Dean McDowell, President 4-15-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee Is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOLAN, JOHN E 11398 CHURCH HILL TRL SEMINOLE, FL 33772 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MC DOWELL, DEAN 11345 CHURCH HILL TRL SEMINOLE, FL 33772 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENSON, PAUL 11346 CHURCH HILL TRL SEMINOLE, FL 33772 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STASI, VICKI 11385 CHURCH HILL DR SEMINOLE, FL 33772 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAYDUKE, BERNADETTE 11397 CHURCH HILL TR SEMINOLE, FL 33772 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD McDowell, Dean 11345 Church Hill Trl Seminole FL 33772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Borelli, Mike 11321 Church Hill Trl Seminole FL 33772 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Swanby, Susan 11304 Church Hill Trl Seminole FL 33772 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Wick Wick Treasurer 4-25-05 227-392-3991  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #