## 2006 AT-FOR-PROFIT CORPCSATION

DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000002706

1. Entity Name

OAKHURST RIDGE HOMEOWNERS ASSOCIATION, INC.



FILED May 03, 2006 8:00 am Secretary of State

04-18-2006 90071 048 \*\*\*\*61.25

Principal Place of Business

11398 CHURCH HULL TRL Seminole, Fl. 33772 Mailing Address

11345 CHURCH HILL TR Seminole, FL 33772



01042006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 65-0605423 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDOWELL, DEAN 11345 CHURCH HILL TRIAL SEMINOLE, FL 33772

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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 florida agent.  SIGNATURE  Signature, typed or printle name of registered agent and the ill applicable.  (NOTE: Registered Agent stynearer required when remaining)  DATE						
	Filing Fee is \$61.25 Due by May 1, 2006	Bection Campaign Finance     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS				
NAME STREET ADDRESS CITY-ST-ZIP	PD MCDOWELL, DEAN 11345 CHURCH HILL TRAIL SEMINOLE, FL 33772					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BORELLI, MIKE 11321 CHURCH HILL TRAIL SEMINOLE, FL 33772					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STASI, VICKU 11385-CHURCH HILL BR SEMINOLE, FL 33772		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAYDUKE BERNADETTE 11397 CHURCHHILL TR SEMINOLE, FL 33772	j		IN	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANBY, SUSAN 11304 CHURCH HILL TRAIL SEMINOLE, FL 33772		·			
TITLE 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 ceth; that I am an officer or director of the corporation or the receivery-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.						