2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2007
Secretary of State

DOCUMENT# N94000002706

Entity Name: OAKHURST RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11398 CHURCH HILL TRL
SEMINOLE, FL 33772

New Principal Place of Business:

11386 CHURCH HILL TRL
SEMINOLE, FL 33772

Current Mailing Address:

11345 CHURCH HILL TR
SEMINOLE, FL 33772

New Mailing Address:

11386 CHURCH HILL TR
SEMINOLE, FL 33772

FEI Number: 65-0605423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCDOWELL, DEAN
11345 CHURCH HILL TRIAL
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

SADE, MARK
11386 CHURCH HILL TRIAL
SEMINOLE, FL 33772 US

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.

SIGNATURE: MARK A SADE 04/08/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCDOWELL, DEAN
Address: 11345 CHURCH HILL TRAIL
City-St-Zip: SEMINOLE, FL 33772

Title: VD ( ) Delete
Name: BORELLI, MIKE
Address: 11321 CHURCH HILL TRAIL
City-St-Zip: SEMINOLE, FL 33772

Title: TD ( ) Delete
Name: STASI, VICKI
Address: 11385 CHURCH HILL DR
City-St-Zip: SEMINOLE, FL 33772

Title: SD ( ) Delete
Name: HAYDUKE, BERNADETTE
Address: 11397 CHURCH HILL TR
City-St-Zip: SEMINOLE, FL 33772

Title: D ( ) Delete
Name: SWANBY, SUSAN
Address: 11304 CHURCH HILL TRAIL
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: BORELLI, MIKE
Address: 11386 CHURCH HILL TRAIL
City-St-Zip: SEMINOLE, FL 33772

Title: TD (X) Change ( ) Addition
Name: SADE, MARK
Address: 11360 CHURCH HILL DR
City-St-Zip: SEMINOLE, FL 33772

Title: SD (X) Change ( ) Addition
Name: STASISUKEVICIUS, ALDONA
Address: 11397 CHURCH HILL TR
City-St-Zip: SEMINOLE, FL 33772

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN MCDOWELL PD 04/08/2007
Electronic Signature of Signing Officer or Director — Date