

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002706

FILED
May 01, 2008
Secretary of State

Entity Name: OAKHURST RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11386 CHURCH HILL TRL
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

11386 CHURCH HILL TR
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 65-0605423 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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: 11386 CHURCH HILL TRAIL
City-St-Zip: SEMINOLE, FL 33772

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

Title: SD () Delete
Name: STASISUKEVICIUS, ALDONA
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MARK SADE

TD

05/01/2008

Electronic Signature of Signing Officer or Director

Date