FILE NOW: FILING FEE IS $61.25

FILED
Jun 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002161 (6)

1. Corporation Name

OAKHURST SQUARE II COMMUNITY PARTNERSHIP, INC.

Principal Place of Business	Mailing Address
5015 N 22ND ST TAMPA FL 33610	5015 N 22ND ST TAMPA FL 33610-5016

3. Date Incorporated or Qualified: 05/05/1995
3a. Date of Last Report: 07/11/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-3311640 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KLEIN, CARL
5015 N 22ND ST
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COLE, ROBERT S R		1.2 NAME	
STREET ADDRESS	11719 TOM FOLSOM RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33592		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SHIPP, ROBERT		2.2 NAME	
STREET ADDRESS	4424 ATWATER DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610		2.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SADLER, GEORGE W		3.2 NAME	
STREET ADDRESS	5095 E PALM AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602		3.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JONES, LOUIS		4.2 NAME	
STREET ADDRESS	222 FAITHWAY DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33605		4.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HAMMOND, JAMES A		5.2 NAME	
STREET ADDRESS	2505 19TH AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, ROBERT R		6.2 NAME	
STREET ADDRESS	3604 RIVERGROVE DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] [illegible] OFFICER