

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90116 047 ****70.00

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1. Entity Name

O H HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

9700 RESERVE BLVD
PORT ST. LUCIE FL 34986
US

Mailing Address

21045 COMMERCIAL TRAIL
BOCA RATON FL 33486
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0748408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAM K. ISAACSON,
C/O LANG MANAGEMENT COMPANY, INC.
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486-1006

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete
NAME BAILEY, ROBERT
STREET ADDRESS 8437 BELFRY PL.
CITY-ST-ZIP PORT SAINT LUCIE FL 34986

TITLE ~~VP~~ PRESIDENT ☐ Delete
NAME LUBELSKI, RICHARD
STREET ADDRESS 8530 BELFRY PL
CITY-ST-ZIP PORT ST. LUCIE FL 34986

TITLE T ☒ Delete
NAME GOSSELIN, GERALD
STREET ADDRESS 8432 BELFRY PL.
CITY-ST-ZIP PORT SAINT LUCIE FL 34986

TITLE S ☒ Delete
NAME BRAUN, JOANN
STREET ADDRESS 8537 BELFRY PL
CITY-ST-ZIP PORT SAINT LUCIE FL 34986

TITLE D ☐ Delete
NAME KOERSELMAN, LESLIE
STREET ADDRESS 8534 BELFRY PL.
CITY-ST-ZIP PORT SAINT LUCIE FL 34986

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SECRETARY ☐ Change ☒ Addition

NAME JERRY ABBOTT
STREET ADDRESS 8557 BELFRY PL
CITY-ST-ZIP PORT ST LUCIE, FL 34986

TITLE PRESIDENT ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TREASURER ☐ Change ☒ Addition
NAME DANIEL SHIVELY
STREET ADDRESS 8336 BELFRY PL
CITY-ST-ZIP PORT ST. LUCIE, FL 34986

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME CHARLOTTE BRUNS
STREET ADDRESS 8332 BELFRY PL
CITY-ST-ZIP PORT ST. LUCIE, FL 34986

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Richard Lubelski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/05 77281899001