

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90128 042 ****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

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 reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE ☐ Delete
NAME S
STREET ADDRESS ABBOTT, JERRY
CITY-ST-ZIP 8557 BELFRY PL
PORT SAINT LUCIE FL 34986

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

TITLE ☐ Delete
NAME T
STREET ADDRESS SNIVELY, DANIEL
CITY-ST-ZIP 8336 BELFRY PL
PORT SAINT LUCIE FL 34986

TITLE ☐ Delete
NAME VP
STREET ADDRESS BRUINS, CHARLOTTE
CITY-ST-ZIP 8332 BELFRY PL
PORT SAINT LUCIE FL 34986

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☒ Change ☒ Addition
NAME JUDITH ROHEN
STREET ADDRESS
CITY-ST-ZIP

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

FAST
MAR 09 2006
BY: 5612

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 I am empowered.

SIGNATURE:

Richard Lubelski RICHARD LUBELSKI

2/27/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #