


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90385 046 \*\*\*\*61.25

<b>DOCUMENT # N95000005603</b>	
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
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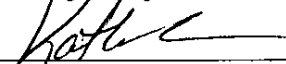


2. Principal Place of Business - No P.O. Box # <b>543 NW LAKE WHITNEY PLACE</b>	3. Mailing Address <b>543 NW LAKE WHITNEY PLACE</b>
Suite, Apt. #, etc. <b>SUITE 101</b>	Suite, Apt. #, etc. <b>SUITE 101</b>
City & State <b>PORT ST LUCIE FLORIDA</b>	City & State <b>PORT ST LUCIE FLORIDA</b>
Zip <b>34986</b>	Country

04162008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent <b>WILLIAM K. ISAACSON, C/O LANG MANAGEMENT COMPANY, INC. 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486-1006</b>	7. Name and Address of New Registered Agent Name <b>BRISTOL MANAGEMENT</b> Street Address (P.O. Box Number is Not Acceptable) <b>543 NW LAKE WHITNEY PLACE SUITE 101</b> City <b>PORT ST LUCIE</b> FL <b>34986</b>
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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  **KATHERINE TAMARUN** DATE **4/25/08**

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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ABBOTT, JERRY 8557 BELFRY PL PORT SAINT LUCIE, FL 34986 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>KEITH BRAW</b> <b>8537 BELFRY PL</b> <b>PT. ST. LUCIE, FL 34986</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUBELSKI, RICHARD 8530 BELFRY PL PORT ST. LUCIE, FL 34986 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MAURE HURT</b> <b>8410 BELFRY PLACE</b> <b>PT. ST. LUCIE, FL 34986</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SNIVELY, DANIEL 8336 BELFRY PL PORT SAINT LUCIE, FL 34986 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <b>KATHY SCHERER</b> <b>8502 BELFRY PLACE</b> <b>PT. ST. LUCIE, FL 34986</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRUINS, CHARLOTTE 8332 BELFRY PL PORT SAINT LUCIE, FL 34986 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREAS.</b> <b>JUDY BOHEN</b> <b>8534 BELFRY PLACE</b> <b>PT. ST. LUCIE, FL 34986</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROHEN, JUDITH 8534 BELFRY PL PORT SAINT LUCIE, FL 34986 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>CORL NELSON</b> <b>8513 BELFRY PL</b> <b>PT. ST. LUCIE, FL 34986</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **JUDY BOHLEN** DATE **4/18/08** DAYTIME PHONE # **468-2061**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR