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Secretary of State
04-22-2005 90275 033 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000000127

1. Entity Name
OAKHURST BAY H.O.A., INC.

20041518

Principal Place of Business	Mailing Address
13920 DANIELLE COURT SEMINOLE, FL 33776 US	13920 DANIELLE COURT SEMINOLE, FL 33776 US

01052005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3360535
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FULGHUM, LYNN
13968 DANIELLE COURT
SEMINOLE, FL 33776

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAMILTON, RONALD
STREET ADDRESS	13920 DANIELLE CT
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	VD
NAME	FULGHUM, LYNN
STREET ADDRESS	13968 DANIELLE COURT
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	STD
NAME	OGDEN, KAREN
STREET ADDRESS	13967 DANIELLE COURT
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ron Hamilton 4/20/05 (727) 584 6695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #