

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90423 029 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N9600000127			
1. Entity Name OAKHURST BAY H.O.A., INC.			
Principal Place of Business 13920 DANIELLE COURT SEMINOLE, FL 33776 US		Mailing Address 43920 DANIELLE COURT SEMINOLE, FL 33776 US	
2. Principal Place of Business 13920 Danielle Ct		3. Mailing Address 13920 Danielle Ct	
Suite, Apt. # etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FULCHUN, LYNN 13968 DANIELLE COURT SEMINOLE, FL 33776		7. Name and Address of New Registered Agent Name: John Hayden Street Address (P.O. Box Number is Not Acceptable): 13920 Danielle Ct City: Seminole FL Zip Code: 33776	
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: <i>John Hayden</i>		DATE: 4/26/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMILTON, RONALD 13920 DANIELLE CT SEMINOLE, FL 33776 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Hayden 13920 Danielle Ct SEMINOLE, FL 33776 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FULCHUN, LYNN 13968 DANIELLE COURT SEMINOLE, FL 33776 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOBEY Ogden 13920 Danielle Ct SEMINOLE, FL 33776 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OGDEN, KAREN 13967 DANIELLE COURT SEMINOLE, FL 33776 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 517, 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: <i>John Hayden</i>		DATE: 4/26/06 7:44:22 PM	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	