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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001554 (2)

1. Corporation Name

THE OAKHURST SHORES CIVIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5400 BAYSHORE DRIVE
SEMINOLE FL 34642

5400 BAYSHORE DRIVE
SEMINOLE FL 33772-7101

3. Date Incorporated or Qualified
03/15/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 5417 OAKHURST DRIVE

4. FEI Number

593371226

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

29 33772-7045 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WELLS, WILLIAM J
5400 BAYSHORE DRIVE
SEMINOLE FL 34642

81 Name PAMELA OSWALD

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

5417 OAKHURST DRIVE

83

84 City Seminole

FL

85 Zip Code 33772

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Pamela Lee Oswald* DATE Feb. 20, 1997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TRUSTEE
PAMELA OSWALD
5417 OAKHURST DRIVE
SEMINOLE, FL 33772

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TRUSTEE
SCOTT STEVENSON
11601 OAK AVE.
SEMINOLE, FL 33772

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TRUSTEE
CANDICE EICHMANN
5660 BAYVIEW DRIVE
SEMINOLE, FL 33772

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TRUSTEE
MARY FARQUHAR
11659 GROVE ST.
SEMINOLE, FL 33772

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Pamela Lee Oswald*

2/20/97

CR2E037 (9/96)