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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001554

1. Corporation Name
THE OAKHURST SHORES CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5417 OAKHURST DR. SEMINOLE FL 33772	5417 OAKHURST DR SEMINOLE FL 33772 US

2. Principal Place of Business 21 11717 OAKRIDGE Ave Suite, Apt. #, etc. 22 City & State 23 Seminole FL Zip 24 33772 Country 25 USA	2a. Mailing Address 26 11717 Oakridge Ave Suite, Apt. #, etc. 27 City & State 28 Seminole FL Zip 29 33772 Country 30 USA	3. Date Incorporated or Qualified 03/15/1996 4. FEI Number 59-3371226 — 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PAMELA OSWALD 5417 OAK HURST DR SEMINOLE FL 33772	81 Name: Nicole Walsh 82 Street Address (P.O. Box Number is Not Acceptable): 11717 Oakridge Ave 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: Nicole Walsh — 2/4/99
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	T ☑ DELETE	1.1 TITLE	T ☑ Change ☐ Addition
NAME	PAMELA OSWALD	1.2 NAME	Nicole Walsh
STREET ADDRESS	5417 OAKHURST DR	1.3 STREET ADDRESS	11717 Oakridge Ave
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	Seminole, FL 33772
TITLE	T ☑ DELETE	2.1 TITLE	T ☑ Change ☐ Addition
NAME	SCOTT STEVENON	2.2 NAME	Daniel Walsh
STREET ADDRESS	11601 OAK AVE	2.3 STREET ADDRESS	11717 Oakridge Ave
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	Seminole, FL 33772
TITLE	T ☑ DELETE	3.1 TITLE	T ☑ Change ☐ Addition
NAME	CANDICE EICHMANN	3.2 NAME	Doreen Greiske
STREET ADDRESS	5660 BAYVIEW DR	3.3 STREET ADDRESS	5480 Bayshore Dr.
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	Seminole, FL 33772
TITLE	T ☑ DELETE	4.1 TITLE	T ☑ Change ☐ Addition
NAME	MARY FARQUHAR	4.2 NAME	Winn Schwartau
STREET ADDRESS	11659 GROVE ST	4.3 STREET ADDRESS	11511 Pine St.
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	Seminole, FL 33772
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 2/4/99 — (727) 397-9228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #