


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90021 033 ****61.25

DOCUMENT # N96000001554

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



Principal Place of Business
**5532 OAKHURST DRIVE
 SEMINOLE, FL 33772 US**

Mailing Address
**5532 OAKHURST DRIVE
 SEMINOLE, FL 33772 US**

2. Principal Place of Business
5973 OAKHURST DR

3. Mailing Address
5973 Oakhurst Dr

Suite, Apt. #, etc.

City & State
SEMINOLE FL

City & State
Seminole, FL

Zip
33772 Country
USA

Zip
33772 Country
USA

40000110



01222005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3371226

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ENGELKEN, DANIEL
 5532 OAKHURST DRIVE
 SEMINOLE, FL 33772**

7. Name and Address of New Registered Agent

Name **BRENDA F. CALABRESE**

Street Address (P.O. Box Number is Not Acceptable)
5973 Oakhurst Dr.

City **SEMINOLE, FL** Zip Code **33772**

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 *Brenda F Calabrese, Treasurer* DATE 1/22/05

Signature, typed or printed name of registered agent and title 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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ENGELKEN, DANIEL	
STREET ADDRESS	5532 OAKHURST DRIVE	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WAREHEIM, JAMES	
STREET ADDRESS	5695 OAKHURST DRIVE	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	T	<input type="checkbox"/> Delete
NAME	JACOBSON, JOHN	
STREET ADDRESS	5451 OAKHURST DRIVE	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	T	<input type="checkbox"/> Delete
NAME	VITUCCI, JUDITH	
STREET ADDRESS	11515 BAYSHORE DR.	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALABRESE BRENDA F.	
STREET ADDRESS	5973 OAKHURST DR.	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT CARLI	
STREET ADDRESS	5999 HILLSIDE ST.	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Brenda F Calabrese* DATE 1/22/05 (727) 392-3960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #