


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

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000001554**

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



Principal Place of Business      Mailing Address

**5973 OAKHURST DRIVE**      **5973 OAKHURST DRIVE**  
**SEMINOLE, FL 33772 US**      **SEMINOLE, FL 33772 US**

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-NP      CRZE037 (11/05)

4. FEI Number      Applied For  
**59-3371226**      Not Applicable

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

6. Name and Address of Current Registered Agent

**CALABRESE, BRENDA F**  
**5973 OAKHURST DRIVE**  
**SEMINOLE, FL 33772**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting)  
Signature, typed or printed name of registered agent and title if applicable      DATE

**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

TITLE	T
NAME	CALABRESE, BRENDA F
STREET ADDRESS	5973 OAKHURST DRIVE
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	T
NAME	CARLI, ROBERT
STREET ADDRESS	5899 HILLSIDE STREET
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	T
NAME	JACOBSON, JOHN
STREET ADDRESS	5451 OAKHURST DRIVE
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	T
NAME	VITUCCI, JUDITH
STREET ADDRESS	11515 BAYSHORE DR.
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000432525  
 02/23/06-80071-011 61.25

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 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 Calabrese*      1/6/06      (727) 392-3960

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