


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000001554

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



Principal Place of Business Mailing Address

5431 BAYSHORE DR **5431 BAYSHORE DR**
SEMINOLE, FL 33772 US **SEMINOLE, FL 33772 US**

DO NOT WRITE IN THIS SPACE



03252008 No Chg-NP CR2E037 (4/06)

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

FOUTZ, JILL
5431 BAYSHORE DR
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 _____ DATE _____
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, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000871592
 04/10/08-80003-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	FOUTZ, JILL
STREET ADDRESS	5431 BAYSHORE DR
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	VITUCCI, GARY
STREET ADDRESS	11515 BAYSHORE DR
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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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: Jill Foutz Date: 3-25-08 Daytime Phone #: 127-204-0863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR