

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90138 038 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

4. FEI Number **59-3371226**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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**
NAME **ENGELKEN, DANIEL** ☐ Delete
STREET ADDRESS **5532 OAKHURST DRIVE**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **T**
NAME **MCCARTHY, DOREENE** ☒ Delete
STREET ADDRESS **5480 BAYSHORE DR**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **T**
NAME **WAREHEIM, JAMES** ☐ Delete
STREET ADDRESS **5695 OAKHURST DRIVE**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **T**
NAME **JACOBSON, JOHN** ☐ Delete
STREET ADDRESS **5451 OAKHURST DRIVE**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T**
NAME **Vitucci, Judith** ☐ Change ☒ Addition
STREET ADDRESS **11515 Bayshore Drive**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Daniel Engelken* **DANIEL T Engelken** 2/25/2003 790 399 9004

CR2E037 (10/02)