04211999-90222-028-$61.25-$61.25

FILED
Apr 21, 1999 8:00 am
Secretary of State
04-21-1999 90222 028 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # N98000000732

1. Corporation Name

OAKHURST PROFESSIONAL PARK PROPERTY OWNERS' ASSO CIATION, INC.

* 5 4 1 9 4 7 *
541947 - 90323 - 15

Principal Place of Business	Mailing Address
821 NE 36TH TERRACE #6 OCALA FL 34470	821 NE 36TH TERRACE #6 OCALA FL 34470

2. Principal Place of Business 21 1309 SE 25 LOOP Suite, Apt. #, etc. 22 SUITE 103 City & State 23 OCALA FL Zip 24 34471 Country 25 USA	2a. Mailing Address 26 1309 SE 25 LOOP Suite, Apt. #, etc. 27 SUITE 103 City & State 28 OCALA FL Zip 29 34471 Country 30 USA

3. Date Incorporated or Qualified: 02/09/1998

4. FEI Number: 59-3538510 ☐ 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
BARRINEAU, DIANE 821 NE 36TH TERRACE #6 OCALA FL 34470	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1309 SE 25 LOOP 83 SUITE 103 84 City OCALA FL 85 Zip Code 34471

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	DANIELS, JOHN P		1.2 NAME	
STREET ADDRESS	821 NE 36TH TERRACE #6		1.3 STREET ADDRESS	1309 SE 25 LOOP, SUITE 102
CITY-ST-ZIP	OCALA FL 34470		1.4 CITY-ST-ZIP	OCALA FL 34471
TITLE	TD	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	DANIELS, BERRY D		2.2 NAME	
STREET ADDRESS	821 NE 36TH TERRACE #6		2.3 STREET ADDRESS	1309 SE 25 LOOP, SUITE 102
CITY-ST-ZIP	OCALA FL 34470		2.4 CITY-ST-ZIP	OCALA, FL 34471
TITLE	SD	☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	BARRINEAU, REGINALD M		3.2 NAME	
STREET ADDRESS	821 NE 36TH TERRACE #6		3.3 STREET ADDRESS	1309 SE 25 LOOP, SUITE 103
CITY-ST-ZIP	OCALA FL 34470		3.4 CITY-ST-ZIP	OCALA FL 34471
TITLE	D	☐ DELETE	4.1 TITLE	☑ Change ☐ Addition
NAME	BARRINEAU, DIANE		4.2 NAME	
STREET ADDRESS	821 NE 36TH TERRACE #6		4.3 STREET ADDRESS	1309 SE 25 LOOP, SUITE 103
CITY-ST-ZIP	OCALA FL 34470		4.4 CITY-ST-ZIP	OCALA FL 34471
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: DIANE BARRINEAU REQUIRED 4/19/99 (352)622-3133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DIANE BARRINEAU