

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000000732**

1. Entity Name  
**OAKHURST PROFESSIONAL PARK PROPERTY  
OWNERS' ASSOCIATION, INC.**



**Principal Place of Business**

**1309 SE 25 LOOP  
SUITE 103  
OCALA, FL 34471 US**

**Mailing Address**

**1309 SE 25 LOOP  
SUITE 103  
OCALA, FL 34471 US**

**DO NOT WRITE IN THIS SPACE**



04192004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3538510**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BARRINEAU, DIANE  
1309 SE 25 LOOP  
SUITE 103  
OCALA, FL 34471**

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IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	KIRKPATRICK, KENNETH
STREET ADDRESS	1320 SE 25 LOOP #101
CITY-ST-ZIP	OCALA, FL 34471
TITLE	TD
NAME	BARRINEAU, REGINALD M
STREET ADDRESS	1309 SE 25 LOOP, SUITE 103
CITY-ST-ZIP	OCALA, FL 34471
TITLE	VD
NAME	BARRINEAU, HAL
STREET ADDRESS	2100 SE 17 ST., STE 802
CITY-ST-ZIP	OCALA, FL 34471
TITLE	S
NAME	DANIELS, BERRY D
STREET ADDRESS	1309 SE 25 LOOP 102
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000121542  
04/20/04-80057-008 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/19/04*  
Date

*352-369-4000*  
Daytime Phone