2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

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

Principal Place of Business	Mailing Address
1309 SE 25 LOOP SUITE 103 OCALA, FL 34471 US	1309 SE 25 LOOP SUITE 103 OCALA, FL 34471 US

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04102005 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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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, 2005

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	

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04/12/05-80008-015 61.25

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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: Reginald M Barrineau REGINALD M BARRINEAU 4/11/05 352 622 3133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #