2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000732

FILED Mar 16, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1309 SE 25 LOOP SUITE 103 OCALA, FL 34471

OCALA, FL 34471 US

Current Mailing Address: New Mailing Address:

1309 SE 25 LOOP SUITE 103 OCALA, FL 34471 US

FEI Number: 59-3538510 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE:

Flateria Constant of Desirtant Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 KIRKPATRICK, KENNETH
 Name:
 KIRKPATRICK, KENNETH

 Address:
 1320 SE 25 LOOP #101
 Address:
 2605 SW 33 STREET #200

 City-St-Zip:
 OCALA, FL 34471
 City-St-Zip:
 OCALA, FL 34474

Title: VD () Delete Title: VD (X) Change () Addition Name: BARRINEAU, HAL Name: BARRINEAU, HAL Address: 3250 SE 58 AVENUE #1

Address: 2100 SE 17 ST., STE 802 Address: 3250 SE 58 AVENUE, #1
City-St-Zip: OCALA, FL 34471 City-St-Zip: OCALA, FL 34480

Title: S () Delete Title: () Change () Addition

 Name:
 DANIELS, BERRY D
 Name:

 Address:
 1309 SE 25 LOOP 102°
 Address:

 City-St-Zip:
 OCALA, FL 34471
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE BARRINEAU RA 03/16/2009