


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90179 002 \*\*\*\*70.00

**DOCUMENT # N13035**

1. Entity Name  
**OAK HILLS UNIT 23 HOMEOWNERS ASSOCIATION, INC.**




Principal Place of Business  
**5301 MERRIFIELD CT**  
**SPRING HILL, FL 34608 US**

Mailing Address  
**P O BOX 6398**  
**SPRING HILL, FL 34611 US**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



03282007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2642157**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**REUTER, HENRY G**  
**10107 LORETTO ST**  
**SPRING HILL, FL 34608**

7. Name and Address of New Registered Agent

Name **MICHAEL ECKSTEIN**

Street Address (P.O. Box Number is Not Acceptable)  
**10097 SUNBURST COURT**

City **SPRING HILL FL** Zip Code **34608**

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 *Michael Eckstein* **T MICHAEL ECKSTEIN** 4/18/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2007**

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	V	<input checked="" type="checkbox"/> Delete
NAME	<b>MACKAY, ALAN</b>	
STREET ADDRESS	<b>5185 KEYSVILLE</b>	
CITY-ST-ZIP	<b>SPRING HILL, FL 34608</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	<b>REUTER, HENRY G</b>	
STREET ADDRESS	<b>10107 LORETTO ST</b>	
CITY-ST-ZIP	<b>SPRING HILL, FL 34608</b>	
TITLE	P	<input type="checkbox"/> Delete
NAME	<b>HOWE, GRAYDON</b>	
STREET ADDRESS	<b>5301 MERRIFIELD CT</b>	
CITY-ST-ZIP	<b>SPRING HILL, FL 34608</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>WHEELER, PATRICIA</b>	
STREET ADDRESS	<b>10220 SWANSON CT.</b>	
CITY-ST-ZIP	<b>SPRING HILL, FL 34608</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEN COLACIN</b>	
STREET ADDRESS	<b>5101 FLORENTINE CH</b>	
CITY-ST-ZIP	<b>SPRING HILL, FL 34608</b>	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHAEL ECKSTEIN</b>	
STREET ADDRESS	<b>10097 SUNBURST CT.</b>	
CITY-ST-ZIP	<b>SPRING HILL, FL 34608</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Michael Eckstein* **T MICHAEL ECKSTEIN** 4/18/07 352-693-1153  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #