


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90024 017 ****61.25

DOCUMENT # N13035 1. Entity Name OAK HILLS UNIT 23 HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 5301 MERRIFIELD CT SPRING HILL, FL 34608 US	Mailing Address P O BOX 6398 SPRING HILL, FL 34611 US
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DO NOT WRITE IN THIS SPACE



03122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2642157	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ECKSTEIN, MICHAEL
 10097 SUNBURST COURT
 SPRING HILL, FL 34608

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLON ^{DUEN} KEN 5101 FLORENTINE ST SPRING HILL, FL 34608 <i>(NAME misspelled)</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ECKSTEIN, MICHAEL 10097 SUNBURST CT SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWE, GRAYDON 5301 MERRIFIELD CT SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHEELER, PATRICIA 10220 SWANSON CT. SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/08 352-683-1153
 Date Daytime Phone #