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May 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N13035 (3)  
1. Corporation Name  
OAK HILLS UNIT 23 HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
5168 LYDIA COURT SPRING HILL FL 34608  
5168 LYDIA COURT SPRING HILL FL 34608-2628

3. Date Incorporated or Qualified 01/17/1986  
3a. Date of Last Report 01/29/1996

2. Principal Place of Business  
21 5403 Lydia CT  
22 Suite, Apt. #, etc.  
2a. Mailing Address  
26 5403 Lydia CT  
27 Suite, Apt. #, etc.

4. FEI Number 59-2642157  
Applied For Not Applicable

23 Spring Hill Fla  
24 34608 25 Florida  
28 Spring Hill  
29 FL 34608 30 Florida

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
GERMANN, GEORGE M. (ESQUIRE)  
5151 COMMERCIAL WAY  
SPRING HILL FL 34806

10. Name and Address of New Registered Agent  
81 Name Steve Petrosky  
82 Street Address (P.O. Box Number is Not Acceptable) 5403 Lydia CT  
83  
84 City Spring Hill Fla FL 85 Zip Code 34608

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Steve Petrosky* (NOTE: Registered Agent signature required when reinstating) DATE 4/12/17

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	
NAME	HECKLER, EDWARD	1.2 NAME	
STREET ADDRESS	5204 LYDIA CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	PD
NAME	TROISI, THOMAS V.	2.2 NAME	Steve Petrosky
STREET ADDRESS	5168 LYDIA CT	2.3 STREET ADDRESS	5403 Lydia CT
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	Spring Hill Fla 34608
TITLE	TD	3.1 TITLE	
NAME	FURLONG, HOWARD	3.2 NAME	
STREET ADDRESS	4995 KIRKWOOD AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	SD
NAME	TROISI, BARBARA A.	4.2 NAME	Lillian L. Petrosky
STREET ADDRESS	5168 LYDIA CT.	4.3 STREET ADDRESS	5403 Lydia CT
CITY-ST-ZIP	SPRING HILL FL	4.4 CITY-ST-ZIP	Spring Hill Fla 34608
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)