

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90139 015 ****61.25

DOCUMENT # N13035

1. Entity Name

OAK HILLS UNIT 23 HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5065 KEYSVILLE AVE.
 SPRING HILL FL 34608
 US

5065 KEYSVILLE AVE.
 SPRING HILL FL 34608-2731
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2642157

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FURLONG, HOWARD
4995 KIRKWOOD AVE
SPRING HILL FL 34608

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
V	HECKLER, EDWARD	5294 LYDIA CT.	SPRING HILL FL 34608	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	FAGAN, DAVID W	5065 KEYSVILLE AVE.	SPRING HILL FL 34608	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	FURLONG, HOWARD	4995 KIRKWOOD AVE	SPRING HILL FL 34608	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CHRISTIANO, NICK	5005 FLORENTINE CT	SPRING HILL FL 34608	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	OSBORNE, DEREK	5399 FLORENTINE CT	SPRING HILL FL 34608	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CROFT, JANET	5298 FLORENTINE CT	SPRING HILL FL 34608	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: DAVID W FAGAN DATE: 4-30-2000 DAYTIME PHONE #: 352 684 0178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)