

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90001 037 ****61.25

0078649

DOCUMENT # N13035

1. Entity Name

OAK HILLS UNIT 23 HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

5065 KEYSVILLE AVE.
 SPRING HILL FL 34608
 US

Mailing Address

5065 KEYSVILLE AVE.
 SPRING HILL FL 34608
 US

. 660864

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

PO BOX 6398



DO NOT WRITE IN THIS SPACE

City & State

Zip

Country

Zip

Country

SPRINGHILL FL

34611

US

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

FURLONG, HOWARD
4995 KIRKWOOD AVE
SPRING HILL FL 34608

7. Name and Address of New Registered Agent

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

Howard Furlong

5-20-01

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

| | | |
|----------------|----------------------|--|
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MONTAGNINO, JOHN | |
| STREET ADDRESS | 5031 LYDIA CT. | |
| CITY-ST-ZIP | SPRING HILL FL 34608 | |
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KELLY, DON B | |
| STREET ADDRESS | 6717 FREEPORT DR | |
| CITY-ST-ZIP | SPRING HILL FL 34608 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HECKLER, EDWARD | |
| STREET ADDRESS | 5294 LYDIA CT | |
| CITY-ST-ZIP | SPRING HILL FL 34608 | |
| 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 exemption stated in Section 119.07(3)(l), 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:

Don B. Kelly

5/20/01

688-6534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)