

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90235 023 \*\*\*\*\*70.00

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**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

P O BOX 6398  
 SPRING HILL FL 34611  
 US

*5031 LYDIA CT.*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*SPRING HILL, FL*

4. FEI Number

**59-2642157**

Applied For

Not Applicable

Zip

Country

Zip

Country

*34608*

*US*

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

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 *Howard Furlong* **HOWARD FURLONG**

*3-24-02*

Signature, typed or printed name of registered agent or officer 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**  Delete  
 NAME **MONTAGNINO, JOHN**  
 STREET ADDRESS **5031 LYDIA CT**  
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P**  Delete  
 NAME **KELLY, DON B**  
 STREET ADDRESS **6717 FREEPORT DRIVE**  
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **S**  Change  Addition  
 NAME **MARIANNA SARK**  
 STREET ADDRESS **5038 FLORENTINE CT**  
 CITY-ST-ZIP **SPRING HILL, FL 34608**

TITLE **T**  Delete  
 NAME **FURLONG, HOWARD**  
 STREET ADDRESS **4995 KIRKWOOD AVE**  
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **CHRISTIANO, NICK**  
 STREET ADDRESS **5005 FLORENTINE CT**  
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **HECKLER, EDWARD**  
 STREET ADDRESS **5294 LYDIA COURT**  
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **CROFT, JANET**  
 STREET ADDRESS **5298 FLORENTINE CT**  
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE  Change  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)(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: *Howard Furlong* **HOWARD FURLONG** *3-24-02* **3526838517**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)