

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90085 019 ****61.25

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
**P O BOX 6398
SPRING HILL FL 34611
US**

2. Principal Place of Business
5225 Lydia Ct.

3. Mailing Address
~~5225 Lydia Ct~~
P.O. BOX 6398

City & State
Spring Hill

City & State
Spring Hill, FL

Zip
34608

Country
US

4. FEI Number
59-2642157

Applied For
Not Applicable

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

14000582



MOORE CR2E037 (11/03)

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
LOWANNE MARTIN

Street Address (P.O. Box Number is Not Acceptable)
5225 Lydia Court

City
Spring Hill

State
FL

Zip Code
34608

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 LOWANNE MARTIN Treasurer DATE 2-19-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONTAGNINO, JOHN 5031 LYDIA CT SPRING HILL FL 34608 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary SARK, MARIANNA 5038 FLORENTINE CT SPRING HILL FL 34608 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FURLONG, HOWARD 4995 KIRKWOOD AVE SPRING HILL FL 34608 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTIANO, NICK 5005 FLORENTINE CT SPRING HILL FL 34608 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HECKLER, EDWARD 5294 LYDIA COURT SPRING HILL FL 34608 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROFT, JANET 5298 FLORENTINE CT SPRING HILL FL 34608 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Charles Kasey 5264 Lydia Court Spring Hill, FL 34608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Lowanne Martin 5225 Lydia Court Spring Hill, FL 34608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Kenneth Colburn 5101 Florentine Ct Spring Hill, FL 34608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATRICIA Wheeler 10220 Swanson Ct Spring Hill, FL 34608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Charles Kasey DATE 2/19/04 DAYTIME PHONE # 352-666-1697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR