

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED,

95 MAY 17 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # **N21720** (0)

1. Corporation Name

OAKHILL FARMS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

11166 BEXHILL LANE
TALLAHASSEE FL 32311
US

11166 BEXHILL LANE
TALLAHASSEE FL 32311
US

3. Date Incorporated or Qualified
07/27/1987

3a. Date of Last Report
03/02/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **11457 BUCK LAKE RD**

26 **11457 BUCK LAKE RD.**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 City & State

Tallahassee, FL

28 City & State

Tallahassee, FL

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

24 Zip

25 **US**

29 Zip

30 **US**

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

9. Name and Address of Current Registered Agent

**WALTZ EMMETT
11166 BEXHILL LANE
TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent

81 Name **Dennis K. Filloon**
82 Street Address (P.O. Box Number is Not Acceptable)
11457 BUCK LAKE ROAD
83
84 City **Tallahassee** FL 85 Zip Code **32311**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Dennis K. Filloon**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

5/9/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **FILLOON, DENNIS**
STREET ADDRESS **11457 BUCK LAKE RD.**
CITY - ST - ZIP **Tallahassee FL**

11 TITLE **SECRETARY/TREASURER - STD** Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **VD**
NAME **HUNTER, WILLIAM**
STREET ADDRESS **11115 BEXHILL LANE**
CITY - ST - ZIP **Tallahassee FL**

21 TITLE **PRESIDENT** **PD** Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **STD**
NAME **WALTZ, EMMETT**
STREET ADDRESS **11166 BEXHILL LANE**
CITY - ST - ZIP **Tallahassee FL**

31 TITLE **VICE-PRESIDENT** **VD** Change Addition
32 NAME **BENJAMIN GAVINS**
33 STREET ADDRESS **1007 GREE HILL TRACE**
34 CITY - ST - ZIP **Tallahassee, FL 32311**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: **Dennis K. Filloon STD** **Dennis K. Filloon** **5/9/95** **488-8866**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #