


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90116 043 ****61.25

DOCUMENT # N21720

1. Entity Name
OAKHILL FARMS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1016 GREEN HILL TRACE
 TALLAHASSEE, FL 32317 US**

Mailing Address
**1016 GREEN HILL TRACE
 TALLAHASSEE, FL 32317 US**

54071879

2. Principal Place of Business
1031 Green Hill Trace

3. Mailing Address
1031 Green Hill Trace

Suite, Apt. #, etc.



05262004 Chg-NP CR2E037:(10/03)

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip
32317

Country
USA

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DALTON, PETER
 1016 GREEN HILL TRACE
 TALLAHASSEE, FL 32317**

7. Name and Address of New Registered Agent

Name
Andrea L. Farmer

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

1031 Green Hill Trace

City
Tallahassee

FL Zip Code
32317

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Andrea L. Farmer **Andrea L. Farmer** Secretary/Treasurer 7/8/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
 Due by September 8, 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	STD DALTON, PETER 1016 GREEN HILL TRACE TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HORTON, DENNIS 11071 BEXHILL LANE TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAROCH, LINDA 1111 S BEXHILL LANE TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Andrea L. Farmer 1031 Green Hill Trace Tallahassee, FL 32317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Frank Beck 1024 Green Hill Trace Tallahassee, FL 32317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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 110.07(1)(b), 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 cash; 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, or 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: Andrea L. Farmer **Andrea L. Farmer** 7-8-04 (850) 877-4654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #