

**2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Dec 05, 2008  
Secretary of State**

DOCUMENT# N21720

Entity Name: OAKHILL FARMS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1031 GREEN HILL TRACE  
TALLAHASSEE, FL 32317 US

**New Principal Place of Business:**

11166 BEXHILL LANE  
TALLAHASSEE, FL 32317 US

**Current Mailing Address:**

1031 GREEN HILL TRACE  
TALLAHASSEE, FL 32317 US

**New Mailing Address:**

11166 BEXHILL LANE  
TALLAHASSEE, FL 32317 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SUNDQUIST, CONNIE  
11166 BEXHILL LANE  
TALLAHASSEE, FL 32317 US

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: CONNIE SUNDQUIST

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: SUNDQUIST, CONNIE  
Address: 11166 BEXHILL LANE  
City-St-Zip: TALLAHASSEE, FL 32317

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD ( ) Delete  
Name: HORTON, DENNIS  
Address: 11071 BEXHILL LANE  
City-St-Zip: TALLAHASSEE, FL 32317

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD ( ) Delete  
Name: BECK, FRANK  
Address: 1024 GREEN HILL TRACE  
City-St-Zip: TALLAHASSEE, FL 32317

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE SUNDQUIST

STD

12/05/2008

Electronic Signature of Signing Officer or Director

Date