

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N21720 (0)**

1. Corporation Name  
**OAKHILL FARMS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: **11457 BUCK LAKE RD TALLAHASSEE FL 32311 US**  
Mailing Address: **11457 BUCK LAKE RD TALLAHASSEE FL 32311 US**

3. Date Incorporated or Qualified: **07/27/1987**  
3a. Date of Last Report: **05/17/1995**

2. Principal Place of Business: **21 11167 BEXHILL LN**  
22 Suite, Apt. #, etc.:  
23 City & State: **TALLAHASSEE FL**  
24 Zip: **32311** 25 Country: **US**  
2a. Mailing Address: **26 11167 BEXHILL LN**  
27 Suite, Apt. #, etc.:  
28 City & State: **TALLAHASSEE FL**  
29 Zip: **32311** 30 Country: **US**

4. FEI Number: **NOT APPLICABLE**  
Applied For:  Applied For  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**FILLOON, DENNIS K  
11457 BUCK LAKE ROAD  
TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent  
81 Name: **George MacLafferty**  
82 Street Address (P.O. Box Number is Not Acceptable): **11167 BEXHILL LN**  
83  
84 City: **TALLAHASSEE FL** 85 Zip Code: **32311**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.  
SIGNATURE: *George V. MacLafferty* DATE: **4/30/96**

12. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	FILLOON, DENNIS	
STREET ADDRESS	11457 BUCK LAKE RD.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUNTER, WILLIAM	
STREET ADDRESS	11115 BEXHILL LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GAVINS, BENJAMIN	
STREET ADDRESS	1007 GREEHILL TRACE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GEORGE MACLAFFERTY	
1.3 STREET ADDRESS	11167 BEXHILL LN	
1.4 CITY-ST-ZIP	TALLAHASSEE FL 32311	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PETER DALTON	
2.3 STREET ADDRESS	1016 GREEN HILL TRACE	
2.4 CITY-ST-ZIP	TALLAHASSEE FL 32311	
3.1 TITLE	V PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BENJAMIN GAVINS	
3.3 STREET ADDRESS	1007 GREEN HILL TRACE	
3.4 CITY-ST-ZIP	TALLAHASSEE FL 32311	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	500001820095	
5.3 STREET ADDRESS	-05/14/96--01046--009	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(3)(k), 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: *George V. MacLafferty* DATE: **4/30/96** DAYTIME PHONE #: **414-5518**

CR2E037 (12/95)