


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90003 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N21720

1. Corporation Name
 OAKHILL FARMS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
~~1107 BEXHILL LN~~ 1016 green Hill TRACE
 TALLAHASSEE FL 32311
 US

Mailing Address
~~1107 BEXHILL LN~~ 1016 green Hill TRACE
 TALLAHASSEE FL 32311
 US



2. Principal Place of Business 21 1016 green Hill TRACE	2a. Mailing Address 26 1016 green Hill TRACE	3. Date Incorporated or Qualified 07/27/1987
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE
City & State 23 Tallahassee FL	City & State 28 Tallahassee FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 32311	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent MACLAFFERTY, GEORGE 11167 BEXHILL LN. TALLAHASSEE FL 32311	10. Name and Address of New Registered Agent 81 Name Peter Dalton 82 Street Address (P.O. Box Number is Not Acceptable) 1016 green Hill TRACE 83 84 City Tallahassee FL 85 Zip Code 32311
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Peter Dalton DATE 9-11-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-12	
TITLE STD	MADELE <input checked="" type="checkbox"/> DELETE	1.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MACLAFFERTY, GEORGE		1.2 NAME Peter Dalton	
STREET ADDRESS 11167 BEXHILL LN.		1.3 STREET ADDRESS 1016 green Hill TRACE	
CITY-ST-ZIP TALLAHASSEE FL		1.4 CITY-ST-ZIP Tallahassee FL 32311	
TITLE VPD	MADELE <input checked="" type="checkbox"/> DELETE	2.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUNTER, WILLIAM H		2.2 NAME Alice Cullen	
STREET ADDRESS 11115 BOXHILL LN		2.3 STREET ADDRESS 1007 green Hill TRACE	
CITY-ST-ZIP TALLAHASSEE FL 32311		2.4 CITY-ST-ZIP Tallahassee FL 32311	
TITLE PD	MADELE <input checked="" type="checkbox"/> DELETE	3.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HORTON, DENNIS		3.2 NAME Beverly Graddy	
STREET ADDRESS 11071 BOXHILL LN		3.3 STREET ADDRESS 1017 green Hill TRACE	
CITY-ST-ZIP TALLAHASSEE FL 32311		3.4 CITY-ST-ZIP Tallahassee FL 32311	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Peter Dalton DATE 9-11-99 DAYTIME PHONE # 850-644-0229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000651

CR2E037 (5/99)