

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90058 029 ****61.25

DOCUMENT # N21720

1. Entity Name

OAKHILL FARMS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1016 GREEN HILL TRACE
 TALLAHASSEE FL 32317
 US**

**1016 GREEN HILL TRACE
 TALLAHASSEE FL 32317
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input type="checkbox"/> Delete
NAME	DALTON, PETER	
STREET ADDRESS	1016 GREEN HILL TRACE	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HORTON, DENNIS	
STREET ADDRESS	11071 BEXHILL LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JAROCH, LINDA	
STREET ADDRESS	1111 S BEXHILL LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02 850-644-0229
 Date Daytime Phone #

CR2E037 (9/01)