

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90074 011 \*\*\*\*61.25

0007287

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>DALTON, PETER</b>	
STREET ADDRESS	<b>1016 GREEN HILL TRACE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32317</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>HORTON, DENNIS</b>	
STREET ADDRESS	<b>11071 BEXHILL LANE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32317</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>JAROCH, LUNDA</b>	
STREET ADDRESS	<b>1111 S BEXHILL LANE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32317</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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: *Peter Dalton* (4-10-03 850-644-0229)

CR2E037 (10/02)