

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28289

1. Entity Name

OAKHILL FARMS, UNIT II HOMEOWNERS ASSOCIATION, I

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90196 016 ****61.25

Principal Place of Business

1057 EPPING FOREST DR.
 TALLAHASSEE FL 32311

Mailing Address

GOTTI, APRIL
 1057 EPPING FOREST DR.
 TALLAHASSEE FL 32311-8639

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

GOTTI, APRIL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0250023

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

GOTTI, APRIL
 1057 EPPING FOREST DR.
 TALLAHASSEE FL 32311

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

APRIL GOTTI (For Spelling correction only #3) April Gotti

4-10-00

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	PD	<input type="checkbox"/> Delete
NAME	GOTTI, APRIL	
STREET ADDRESS	1057 EPPING FOREST DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOLIDAY, PATRICK	
STREET ADDRESS	1138 GREEN HILL TR.	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MONTFORD, DAVID	
STREET ADDRESS	1182 GREEN HILL TRACE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MONTFORD, MAYBELLE	
STREET ADDRESS	1182 GREEN HILL TRACE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANNIN, HEATH	
STREET ADDRESS	1047 EPPING FOREST DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

APRIL GOTTI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

Date

431-5709

Daytime Phone #

CR2E037 (9/99)