

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 23, 2009
Secretary of State**

DOCUMENT# N35849

Entity Name: OAK HILL PLANTATION PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

106 HATLEY STREET SE
JASPER, FL 32052

New Principal Place of Business:

Current Mailing Address:

PO BOX 191
JASPER, FL 32052

New Mailing Address:

FEI Number: 59-3054841 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RATLIFF, RONALD H
4466 US HWY 41 S.
JASPER, FL 32052 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RATLIFF, RONALD H
Address: PO BOX 191
City-St-Zip: JASPER, FL 32052

Title: VPD () Delete
Name: MOODY, JAMES M
Address: PO BOX 191
City-St-Zip: JASPER, FL 32052

Title: SD () Delete
Name: RATLIFF, VICKIE L
Address: 4466 US HWY 41 S
City-St-Zip: JASPER, FL 32052

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD H. RATLIFF

PD

01/23/2009

Electronic Signature of Signing Officer or Director

_____ Date