


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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90965 028 ****61.25

DOCUMENT # N39575
1. Entity Name
 OAKHILL FARMS, UNIT III ✓
 HOMEOWNERS ASSOCIATION



DO NOT WRITE IN THIS SPACE

10095773

2. Principal Place of Business
 1150 CORBY COURT EAST
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 14955
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State TALLAHASSEE FL
Zip 32317 **Country** US

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Zip 32317 **Country** US

4. FEI Number **Applied For**
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ROBERT M. ANDERSON
Street Address (P.O. Box Number is Not Acceptable)
 1150 CORBY COURT EAST
City TALLAHASSEE **FL** **Zip Code** 32317

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ROBERT M. ANDERSON P.O. BOX 14955 TALLAHASSEE, FL. 32317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D MARILYN ALVAREZ 1149 CORBY COURT EAST TALLAHASSEE, FL 32317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S/D RICHARD CHASE 1110 CORBY COURT EAST TALLAHASSEE, FL 32317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert M. Anderson ROBERT M. ANDERSON 4/30/03 850-528-3085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)