

**FILE NOW: FILING FEE IS \$61.25**

APPROVED  
AND  
FILED

1996 MAR 26 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500001796795  
-04/26/96--01083--029  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

**NONPROFIT CORPORATION ANNUAL REPORT 1996**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT #** N39575  
1. Corporation Name  
OAKHILL FARMS, UNIT III, HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address  
P.O. Box 14955  
TALLAHASSEE, FLORIDA 32317-4955

2. Principal Place of Business 2a. Mailing Address  
21 P.O. Box 14955 26 1104 CORBY COURT EAST  
Suite, Apt #, etc Suite, Apt #, etc  
22 City & State 27 City & State  
23 TALLAHASSEE, FLA 28 TALLAHASSEE FLA  
Zip Country Zip Country  
24 32317-4955 25 USA 29 32311 30 USA

3. Date Incorporated or Qualified 8-17-90 3a. Date of Last Report 7/24/95  
4. FEI Number N/A Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
JAMES E. BURNETTE  
2917 LIVINGSTON ROAD, SUITE 100  
TALLAHASSEE, FLA. 32303

10. Name and Address of New Registered Agent  
81 Name WILLIS DEE CRUMPLER, PRESIDENT  
82 Street Address (P.O. Box Number is Not Acceptable) 1104 CORBY COURT EAST  
83  
84 TALLAHASSEE FL 85 Zip Code 32311

11. Pursuant to the provisions of Sections 617.0603 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0603, Florida Statutes.  
SIGNATURE Willis Dee Crumpler, WILLIS DEE CRUMPLER, PRESIDENT DATE 4/23/96

12. OFFICERS AND DIRECTORS

TITLE	<u>DIRECTOR</u> <input checked="" type="checkbox"/> DELETE
NAME	<u>JAMES E. BURNETTE</u>
STREET ADDRESS	<u>2917 LIVINGSTON ROAD, SUITE 100</u>
CITY - ST - ZIP	<u>TALLA, FLA 32303</u>
TITLE	<u>OFFICER</u> <input checked="" type="checkbox"/> DELETE
NAME	<u>LEONARD C. HASSELL</u>
STREET ADDRESS	<u>2917 LIVINGSTON ROAD, #100</u>
CITY - ST - ZIP	<u>TALLA, FLA 32303</u>
TITLE	<u>FRED G. SHELPER</u> <input checked="" type="checkbox"/> DELETE
NAME	<u>FRED G. SHELPER</u>
STREET ADDRESS	<u>2917 LIVINGSTON ROAD # 100</u>
CITY - ST - ZIP	<u>TALLA, FLA 32311</u>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<u>PRESIDENT - Director</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<u>WILLIS DEE CRUMPLER</u>
13 STREET ADDRESS	<u>1104 CORBY COURT EAST</u>
14 CITY - ST - ZIP	<u>TALLAHASSEE, FLA 32311 904-942-0730</u>
21 TITLE	<u>Secretary - Director</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<u>Busan More</u>
23 STREET ADDRESS	<u>1020 Corby Ct</u>
24 CITY - ST - ZIP	<u>Tallahassee FL 32311 904-671-2024</u>
31 TITLE	<u>Vice President - Director</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<u>Robert L. ELIJAH</u>
33 STREET ADDRESS	<u>1080 Corby Court</u>
34 CITY - ST - ZIP	<u>Tallahassee, FL 32311</u>
41 TITLE	<u>TREASURER - Director</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<u>ROBERT M. ANDERSON</u>
43 STREET ADDRESS	<u>1150 CORBY CT. EAST</u>
44 CITY - ST - ZIP	<u>TALLAHASSEE, FL. 32311</u>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: Willis Dee Crumpler, WILLIS DEE CRUMPLER DATE 4/23/96 904-891-4156  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)

258  
4/23/96