

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N39575 (8)**  
1. Corporation Name  
**OAKHILL FARMS, UNIT III HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business <b>P.O. BOX 14955 TALLAHASSEE FL 32317-4955</b>	Mailing Address <b>1104 CORBY COURT EAST TALLAHASSEE FL 32311-8160</b>
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3. Date Incorporated or Qualified <b>08/17/1990</b>	3a. Date of Last Report <b>04/26/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 <b>1150 CORBY CT. E.</b>
22 City & State	27 <b>TALLAHASSEE FL</b>
23 Zip Country	28 <b>32311 LEON</b>

9. Name and Address of Current Registered Agent  
**CRUMPLER, WILLIS DEE  
1104 CORBY COURT EAST  
TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent

81 Name <b>ROBERT ANDERSON</b>
82 Street Address (P.O. Box Number is not acceptable) <b>1150 CORBY COURT EAST</b>
83
84 City <b>TALLAHASSEE</b>
85 FL
86 Zip Code <b>32311</b>

11. Pursuant to the provisions of Sections 617.0602 and 617.1608, 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 617.0503, Florida Statutes.

SIGNATURE: *Robert M. Anderson* DATE: **MARCH 12, 1997**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>CRUMPLER, WILLIS DEE</b>	
STREET ADDRESS	<b>1104 CORBY COURT EAST</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<b>MORE, SUSAN</b>	
STREET ADDRESS	<b>1020 CORBY CT</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	<b>ELJAH, ROBERT L</b>	
STREET ADDRESS	<b>1080 CORBY COURT</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>ANDERSON, ROBERT M</b>	
STREET ADDRESS	<b>1150 CORBY CT EAST</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>SD Crumpler, Amy</b>
2.3 STREET ADDRESS	<b>1104 Corby Ct E</b>
2.4 CITY-ST-ZIP	<b>Tallahassee, FL 32311</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>V'LISA NORTON</b>
3.3 STREET ADDRESS	<b>1119 CORBY CT. E.</b>
3.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL 32311</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>ANDERSON, ROBERT M.</b>
4.3 STREET ADDRESS	<b>1150 CORBY CT. EAST</b>
4.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL 32311</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>TD CHASE, RICHARD P.</b>
5.3 STREET ADDRESS	<b>1110 CORBY COURT, EAST</b>
5.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL 32311-8160</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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, or on an attachment with an address.

SIGNATURE: *Robert M. Anderson* DATE: **MARCH 12, 1997**

Daytime Phone # 0066369

CF2E037 (9/96)