FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:20

DOCUMENT # 731899 (1)

1. Corporation Name
OAK HILL RESIDENTS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2812 FIELDCREST CT ORLANDO FL 32839-0703	2750 FIRESIDE CT ORLANDO FL 32809 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1975
3a. Date of Last Report: 02/25/1994
4. FEI Number: NOT APPLICABLE ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 2745 FIELDSTONE CT	26 2745 FIELDSTONE CT
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ORLANDO, FL	28 City & State: ORLANDO, FL
24 Zip: 32839 25 Country: USA	29 Zip: 32839 30 Country: USA

9. Name and Address of Current Registered Agent

DRAKE, GEORGE W. JR.
2745 FIELDSTONE CT.
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE		☐ Change ☐ Addition
NAME	MELLO, PAM	1.2 NAME		
STREET ADDRESS	2750 FIELDSTONE CT	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	DEVLIN, KENNETH	2.2 NAME	GEORGE DRAKE	
STREET ADDRESS	2750 FIRESIDE CT	2.3 STREET ADDRESS	2745 FIELDSTONE CT.	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL. 32839	
TITLE	VD	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	DRAKE, GEORGE	3.2 NAME	ROBERT CASTLES	
STREET ADDRESS	2745 FIELDSTONE CT	3.3 STREET ADDRESS	2749 FIELDCREST CT.	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO, FL32839	
TITLE	TD	4.1 TITLE	T/D	☒ Change ☐ Addition
NAME	MCLELLAN, SHIRLEY	4.2 NAME	JOAN H. FARR	
STREET ADDRESS	2909 RAVENCREEK DR	4.3 STREET ADDRESS	2735 FIELDCREST CT.	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO, FL. 32839	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: Joan H. Farr Joan H Farr 2/13/95 (407) 853-6077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034791