


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90008 036 \*\*\*150.00

<b>DOCUMENT # P97000013466</b>					
<b>1. Entity Name</b> OAK HILL ASSOCIATION, INC.					
<b>Principal Place of Business</b> 481 E HALIFAX OAK HILL, FL 32759			<b>Mailing Address</b> POST OFFICE BOX 1114 OAK HILL, FL 32759		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3436994	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MARTONE, LEONARD P 480 EAST HALIFAX AVENUE OAK HILL, FL 32759			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PT	<b>NAME</b> GIAQUINTO, ANTHONY		<b>TITLE</b> PRESIDENT	<b>NAME</b> ANTHONY GIAQUINTO	
<b>STREET ADDRESS</b> POST OFFICE BOX 1114	<b>CITY-ST-ZIP</b> OAK HILL, FL 327591114		<b>STREET ADDRESS</b> POST OFFICE BOX 1114	<b>CITY-ST-ZIP</b> OAK HILL, FL 32759	
<b>TITLE</b> VP	<b>NAME</b> MARTONE, LEONARD		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> PO BOX 1114	<b>CITY-ST-ZIP</b> OAK HILL, FL 327591114		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> S	<b>NAME</b> SALPIETRA, ELIZABETH		<b>TITLE</b> SECRETARY	<b>NAME</b> ANNAMARIE LITRELL	
<b>STREET ADDRESS</b> PO BOX 1114	<b>CITY-ST-ZIP</b> OAK HILL, FL 327591114		<b>STREET ADDRESS</b> POST OFFICE BOX 1114	<b>CITY-ST-ZIP</b> OAK HILL, FLORIDA 32759	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> TREASURER	<b>NAME</b> DONALD LITRELL	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> POST OFFICE BOX 1114	<b>CITY-ST-ZIP</b> OAK HILL, FLORIDA 32759	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Annamarie Littrell Annmarie Littrell</u> <u>3/2/06</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					