

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90024 045 ***150.00

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01182007 Chg-P CR2E034 (12/06)

DOCUMENT # P97000013466		
1. Entity Name OAK HILL ASSOCIATION, INC.		

Principal Place of Business 481 E HALIFAX OAK HILL, FL 32759	Mailing Address POST OFFICE BOX 1114 OAK HILL, FL 32759
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 124 FAULKNER STREET
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State NEW SMYRNA BEACH, FL
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Zip	Country	Zip 32168	Country FLORIDA
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4. FEI Number 59-3436994		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MARTONE, LEONARD P 480 EAST HALIFAX AVENUE OAK HILL, FL 32759		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIAQUINTO, ANTHONY POST OFFICE BOX 1114 OAK HILL, FL 32759 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARTONE, LEONARD 124 FAULKNER STREET NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTONE, LEONARD PO BOX 1114 OAK HILL, FL 327591114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT KEYES, LEONARD 124 FAULKNER STREET NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LITRELL, ANNAMARIE POST OFFICE BOX 1114 OAK HILL, FL 32759 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARTONE, ELIZABETH 124 FAULKNER STREET NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LITRELL, DONALD POST OFFICE BOX 1114 OAK HILL, FL 32759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: 	2-13-07	386-423-1221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #