


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90024 034 ***150.00

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| 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 | |
| 2. Principal Place of Business - No P.O. Box # 481 E HALIFAX | | 3. Mailing Address POST OFFICE BOX 1114 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State OAK HILL FL | | City & State OAK HILL FL | |
| Zip 32759 | | Country US | |
| 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 | | 7. Name and Address of New Registered Agent | |
| MARTONE, LEONARD P 480 EAST HALIFAX AVENUE OAK HILL, FL 32759 | | Name WALTER R DERRICK PRES Street Address (P.O. Box Number is Not Acceptable) 490 E HALIFAX AVE OAK HILL FL City FL Zip Code 32759 | |
| 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: <u>Walter R Derrick PRES</u> | | WALTER R DERRICK P 3/10/08 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) DATE | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 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 | PRES WALTER R DERRICK PO B 1114 OAK HILL FL 32759 <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 | VP FRANCIS GREGG PO BOX 1114 OAK HILL FL 32759 <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 | SEC ELIZABETH MARTONE PO BOX 1114 OAK HILL FL 32759 <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 checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRES CARL SALPIETRA JR PO BOX 1114 OAK HILL FL 32759 <input checked="" 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: <u>Carl Salpietra Jr</u> | | TREASURE 3/8/08 386-734-8141 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

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