


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90102 016 ****61.25

DOCUMENT # N04000006591		
1. Entity Name OAK HILL RESERVE HOMEOWNERS' ASSOCIATION, INC.		

Principal Place of Business 4700 MILLENIA BLVD SUITE 400 ORLANDO, FL 32839	Mailing Address 4700 MILLENIA BLVD SUITE 400 ORLANDO, FL 32839
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40061000



2. Principal Place of Business Greystone Management Co.		3. Mailing Address Greystone Management Co.	
Suite, Apt. #, etc. 1950 Lee Road, Ste 212		Suite, Apt. #, etc. 1950 Lee Road, Ste 212	
City & State Winter Park, FL		City & State Winter Park, FL	
Zip 32789	Country USA	Zip 32789	Country USA

04122006 Chg-NP CR2E037 (11/05)

4. FEI Number 55-0873621		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 PERLMAN, JEFFREY 4700 MILLENIA BLVD SUITE 400 ORLANDO, FL 32839		7. Name and Address of New Registered Agent Name Janice C. Armstrong Street Address (P.O. Box Number is Not Acceptable) Greystone Management Company 1950 Lee Road, Ste 212 City Winter Park FL Zip Code 32789	
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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 *Janice C. Armstrong* DATE 4/20/06

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

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERLMAN, JEFFREY 4700 MILLENIA BLVD SUITE 400 ORLANDO, FL 32839 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tom McCarthy 4700 Millenia Blvd Ste 400 Orlando, FL 32839 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, DON 4700 MILLENIA BLVD SUITE 400 ORLANDO, FL 32839 <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	D DOWLING, LARRY 4700 MILLENIA BLVD SUITE 400 ORLANDO, FL 32839 <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
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 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 trustee or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit of all other like empowered.

SIGNATURE: *Thomas P. C. McCarthy* DATE: 4/20/06 DAYTIME PHONE: 407-226-2514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR