

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001758

Entity Name: OX BOW HILL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1615 VILLAGE SQUARE BLVD
SUITE 3
TALLAHASSEE, FL 32309

Current Mailing Address:

1615 VILLAGE SQUARE BLVD.
SUITE 3
TALLAHASSEE, FL 32309 US

FEI Number: 59-3767508

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MY HOA SERVICES LLC
1615 VILLAGE SQUARE BLVD.
SUITE 3
TALLAHASSEE, FL 32309 US

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.

SIGNATURE: KATHLEEN A CARLSON

04/23/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name TYRRELL, KENNETH
Address 6561 OX BOW LANE
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name ALLEN, KEITH
Address 6365 OX BOW CIR
City-State-Zip: TALLAHASSEE FL 32312

Title T
Name DUNBAR, SUSAN
Address 1857 OX BOW TRACE
City-State-Zip: TALLAHASSEE FL 32312

Title AUTHORIZED REPRESENTATIVE
Name CARLSON, KATHLEEN A
Address 1615 VILLAGE SQUARE BLVD.
SUITE 3
City-State-Zip: TALLAHASSEE FL 32309

Title VP
Name HAJJAR, OMAR
Address 6451 OX BOW COURT
City-State-Zip: TALLAHASSEE FL 32312

Title SECRETARY
Name HENDERSON, ROBERT
Address 7368 OX BOW CIRCLE
City-State-Zip: TALLAHASSEE FL 32312

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN A CARLSON

AR

04/23/2024

Electronic Signature of Signing Officer/Director Detail

Date