## 2002 UNIFORM BUSINESS REPORT (UBR) FILED Mar 18, 2002 8:00 am **DOCUMENT # 731899 Secretary of State** 1. Entity Name OAK HILL RESIDENTS' ASSOCIATION, INC. 03-18-2002 90084 014 \*\*\*\*70.00 Mailing Address Principal Place of Business 2745 FIELDSTONE CT 2745 FIELDSTONE CT ORLANDO FL 32839 ORLANDO FL 32839 US 3. Mailing Address Page of Business TEARLIPSTONE WAS SAM-C DO NOT WRITE IN THIS SPACE Suite. Apt. #. etc. City & State Applied For 4. FEI Number City & State NOT APPLICABLE MANDO 4ml Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired SHING DRAW9 & Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O., Box Number is Not Acceptable). DRAKE: GEORGE W. JR. 2745 FIELDSTONE CT. ORLANDO FL 32809 Zip Code City 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 Νį Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition CR2E037 (9/01 □ Detete TITI F DRAKE, GEORGE W JR NAME NAME STREET ADDRESS 2745 FIELDSTONE CT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32839 PHIL BOYLE 2740 FIELDCREST COURT ☐ Change Addition Delete TITLE KEELING, ROB NAME STREET ADDRESS STREET ADDRESS 2900 MARACHFIELD CT ORLANGO PL 32839 CITY-ST-ZIP ORLANDO FL 32839 CITY-ST-7IP PATTI- HARRIS Addition ☐ Change Delete TITLE TITLE ... 2904 HEARTHSTONE WAY HATRICK, CINDY NAME STREET ADDRESS STREET ADDRESS 5690 SUNCREEK CT ORIANDO, FL. 32839 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32839 ☐ Change ☐ Addition ☐ Delete TITLE TITLE COLLINS, RICHARD E NAME NAME STREET ADDRESS 2814 HEARTHSTONE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32839 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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 empoyeded.