

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90006 030 ****61.25

DOCUMENT # N04000006045 1. Entity Name OAK HILL ESTATES HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.			
Principal Place of Business 2109 BAYOU BLVD PENSACOLA, FL 32503		Mailing Address 2109 BAYOU BLVD PENSACOLA, FL 32503	
2. Principal Place of Business P.O. Box 4 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 4 Suite, Apt. #, etc.	
City & State GONZALEZ, FL Zip 32560		City & State GONZALEZ, FL Zip 32560	
4. FEI Number 32-0119585		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 HUDSON, HAROLD R 2109 BAYOU BLVD PENSACOLA, FL 32503		7. Name and Address of New Registered Agent Name CLIFF McCOLLUM Street Address (P.O. Box Number is Not Acceptable) 10818 COUNTRY OSTRICH DR City PENSACOLA FL Zip Code 32534	
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 CLIFF McCOLLUM <i>Cliff McCollum</i> 2/7/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$81.25 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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUDSON, HAROLD R 2109 BAYOU BLVD PENSACOLA, FL 32503 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLIFF McCollum 10818 Country Ostrich Dr. Pensacola, FL 32534 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HUDSON, SUELLEN A 2109 BAYOU BLVD PENSACOLA, FL 32503 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Robert Cote 10849 Country Ostrich Dr. Pensacola, FL 32534 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PORTER, MARK 4400 BAYOU BLVD SUITE 4A PENSACOLA, FL 32503 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Sherry Hall 10811 Country Ostrich Dr Pensacola, FL 32534 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tony Furguson 10829 Country Ostrich Dr Pensacola, FL 32534 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC John Ryon 631 Rhea Ln Pensacola, FL 32534 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cheryl Chardon 620 Rhea Ln Pensacola, FL 32534 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>
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 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 empowered.			
SIGNATURE: Sherry Hall Sherry Hall <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-7-06 850-471-2598 <small>Date Daytime Phone #</small>	