

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000006045						FILED 06 JUL 17 AM 10:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name OAK HILL ESTATES HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.				Principal Place of Business P.O. BOX 4 GONZALEZ, FL 32560			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				4. FEI Number 32-0119585			
Zip				Country			
6. Name and Address of Current Registered Agent MCCOLLUM, CLIFF 10818 COUNTRY OSTRICH DR PENSACOLA, FL 32534				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating)							
Amended AR is \$61.25				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 MCCOLLUM, CLIFF 10818 COUNTRY OSTRICH DR PENSACOLA, FL 32534	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500077820765 07/21/06--01008--010 **\$61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COTE, ROBERT 10847 COUNTRY OSTRICH DR PENSACOLA, FL 32534	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$77/20			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HALL, SHERRY 10811 COUNTRYR OSTRICH DR PENSACOLA, FL 32534	<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 FERGUSON, TONY 10829 COUNTRY OSTRICH DR PENSACOLA, FL 32534	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FERGUSON, RONALD A. (TONY) 10829 COUNTRY OSTRICH DR PENSACOLA, FL 32534			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC RYAN, JOHN 631 RHEA LN PENSACOLA, FL 32534	<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 CHARDON, CHERYL 620 RHEA LN PENSACOLA, FL 32534	<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 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: <u>Sherry M. Hall</u> <u>Sherry M. Hall</u> <u>7-13-06</u> <u>471-2598</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							