


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90018 013 \*\*\*\*61.25

<b>DOCUMENT # N04000006045</b>	
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<b>1. Entity Name</b> OAK HILL ESTATES HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.	<b>Principal Place of Business</b> P.O. BOX 4 GONZALEZ, FL 32560	<b>Mailing Address</b> P.O. BOX 4 GONZALEZ, FL 32560
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<b>2. Principal Place of Business - No P.O. Box #</b> 908 Gardangate Cir Suite, Apt. #, etc.	<b>3. Mailing Address</b> 908 Gardangate Cir Suite, Apt. #, etc.
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<b>City &amp; State</b> Pensacola FL	<b>City &amp; State</b> Pensacola FL
<b>Zip</b> 32504	<b>Country</b> Escambia

<b>4. FEI Number</b> 32-0119585	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b> KATHREIN, ED 10962 COUNTRY OSTRICH DR PENSACOLA, FL 32534	<b>7. Name and Address of New Registered Agent</b> Name: Ray O Etheridge Street Address (P.O. Box Number is Not Acceptable): 908 Gardangate Circle City: Pensacola FL Zip Code: 32504
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<b>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.</b> SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)	DATE: Apr. 22, 2008
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<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> KATHREIN, ED 10962 COUNTRY OSTRICH DR PENSACOLA, FL 32534 <input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> HALL, SHERRY 10811 COUNTRY OSTRICH DR PENSACOLA, FL 32534 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> WHITING, KEN 632 RHEA LN PENSACOLA, FL 32534 <input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> RYAN, JOHN 631 RHEA LN PENSACOLA, FL 32534 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP
<b>ST</b> Haggerton, Donna 10968 Country Ostrich Drive Pensacola FL 32534 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>PD</b> Hall, Sherry <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>VPD</b> Ryon, Jack <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>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.</b>
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<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>4-15-08 850 474-261</b> Date Daytime Phone #
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