

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90042 031 ****61.25

DOCUMENT # N05000009163 1. Entity Name OAK HILL PLANTATION HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1053 MAITLAND CENTER COMMONS BLVD, 2 FLOOR SUITE 100 MAITLAND, FL 32751		Mailing Address 1053 MAITLAND CENTER COMMONS BLVD, 2 FLOOR SUITE 100 MAITLAND, FL 32751	
2. Principal Place of Business - No P.O. Box # 1053 Maitland Ctr. Cmn. Blvd. Suite, Apt. #, etc. Suite 200 City & State Maitland FL Zip 32751		3. Mailing Address 1053 Maitland Ctr. Cmn. Blvd. Suite, Apt. #, etc. Suite 200 City & State Maitland, FL Zip 32751	
4. FEI Number NOT APPLICABLE		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 WALKER, JR., BERRY J ESQUIRE WALKER & TUDHOPE, P.A. 1053 MAITLAND CENTER COMMONS BLVD 2 FLOOR MAITLAND, FL 32751		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 1/23/2008 <small>DATE</small> </div> </div>			
Filing Fee is \$61.25 Due by May 1, 2008		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 PST NAME WALKER, BERRY J JR STREET ADDRESS 1053 MAITLAND CENTER COMMONS BLVD., #100 CITY-ST-ZIP MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE PST NAME Walker, Berry J. Jr. STREET ADDRESS 1053 Maitland Ctr. Cmn. Blvd., Suite 200 CITY-ST-ZIP Maitland, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DIR NAME CALLAHAN, JOHN T III STREET ADDRESS 1053 MAITLAND CENTER COMMONS BLVD., #100 CITY-ST-ZIP MAITLAND, FL 32751	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DIR NAME VALENTINE, STEPHEN J STREET ADDRESS 1053 MAITLAND CENTER COMMONS BLVD., #100 CITY-ST-ZIP MAITLAND, FL 32751	<input checked="" 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Director Lorraine Wilson 1053 Maitland Ctr. Cmn. Blvd., #200 Maitland, FL 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Director I.C. Bahavsar 1053 Maitland Ctr. Cmn. Blvd., #200 Maitland, FL 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/23/2008 407-478-1866 <small>DATE Daytime Phone #</small>	

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