FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 OCT -9 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07693 (7)

1. Corporation Name

OAK HILL ACRES PROPERTY ASSOCIATION, INC.

A/R was submitted timely

Principal Place of Business	Mailing Address
296 DOGWOOD TRACE TARPON SPRINGS FL 34689-6418	296 DOGWOOD TRACE TARPON SPRINGS FL 34689-6418

3. Date Incorporated or Qualified: 02/18/1985
3a. Date of Last Report: 07/17/1995

4. FEI Number: 59-2495018 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21: 101 DOGWOOD TRACE
22: Suite, Apt. #, etc.
23: City & State: TARPON SPRINGS, FL
24: Zip: 34689 25: Country: US

2a. Mailing Address
26: SAME
27: Suite, Apt. #, etc.
28: City & State
29: Zip 30: Country

9. Name and Address of Current Registered Agent

~~SWART, LOUIS~~
~~296 DOGWOOD TRACE~~
~~TARPON SPRINGS FL 34689~~

10. Name and Address of New Registered Agent

81 Name: WILLIAM ROACH
82 Street Address (P.O. Box Number is Not Acceptable): 101 DOGWOOD TRACE
83
84 City: TARPON SPRINGS FL 85 Zip Code: 34689

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: X William E Roach Jr. President 6/14/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SWART, LOUIS 296 DOGWOOD TRACE TARPON SPRINGS FL 34689	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD WILLIAM ROACH 101 DOGWOOD TRACE TARPON SPRINGS, FL. 34689	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEEN, MAY 2900 MAPLE TRACE TARPON SPRINGS FL 34689	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD GREG HOOVER 102 DOGWOOD TRACE TARPON SPRINGS FL. 34689	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, JEANNE 3110 MAPLE TRACE TARPON SPRINGS FL 34689	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T/S D Bill Conklin 3025 Maple Trace Tarpon Springs, FL. 34689	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SAPASHE, MARILU 2932 MAGNOLIA TRACE TARPON SPRINGS FL 34689	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D JIM JONES 2918 MAGNOLIA TRACE TARPON SPRINGS, FL 34689	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	$BANK MWB 10-17-96	☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X William E Roach Jr President William E Roach Jr. President 6/14/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
818-854-1777

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