## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** #

(7)

Principal Place of Business	Mailing Address
101 DOGWOOD TRACE	101 DOGWOOD TRACE
TARPON SPRINGS FL 34689	TARPON SPRINGS FL 34689-8533

**FILED** Jan 29 1997 8:00am Secretary of State

OAK HILL ACRES PROPERTY ASSOCIATION, INC.  Principal Place of Business Mailing Address  101 DOGWOOD TRACE 101 DOGWOOD TRACE									
TARPON SPRII	NGS FL 34689	TARPON SPRINGS FL 34	389-8533						
					3. Date incorporated or Qualified 02/18/1985	3a. Da	ate of Last Re 10/09/19	∍port <b>96</b>	
2. Principal P	lace of Business	2a. Mailing Address	<del></del>		4. FEI Number		<del> </del>	plied For	
<u>n</u>	<u> </u>	26			59-2495018		No	t Applicable	
Suite, Apt. #, etc. 27				5. Certificate of Status Desired		\$8.75 A			
City & State City & State				6. Election Campaign Financing		\$5.00	<del></del>		
3	28				Trust Fund Contribution		Added to		
_ Zip	, <del> </del>	Zip	Country		8. This corporation has liability for			199.032	
24	9. Name and Address of Current	29	30		Florida Statutes  10. Name and Address of New R		No No		
	S. Hame and Address of Current	t Ledisteleti Waciit	81 Nar	me	to. Name and Address of New A	egistereu .	жави		
BOACH	, WILLIAM		<b>82</b> Stre	4 A clair	(O.O. Day Number is blat Assessed	hla)			
	GWOOD TRACE		B2 Sire	et Addre	ess (P.O. Box Number is Not Accepta	.bie)			
	N SPRINGS FL 34689		83						
			84 City				85 Zip C	Code	
				•		FL	.		
SIGNATURE	to the provisions of Sections 617.0502 egistered agent, or both, in the State m familiar with, and accept the obligations of registered agents.	nt and title if applicable (NOT	E: Registered Agent sign		od whon reinstating}	DATE			
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFI	CEHS AINL	Change	S IN 12	
NAME	ROACH, WILLIAM		1,2 NAME				ondinge		
STREET ADDRESS	101 DOGWOOD TRACE		1.3 STREET ADDRE	ss					
CITY-ST-ZIP	TARPON SPRINGS FL 34689		1.4 CITY-ST-ZIP						
TITLE	VD	☐ DELETE	2.1 TITLE				Change	Addition	
NAME	HOOVER, GREG		2.2 NAME	- }					
STREET ADDRESS	102 DOGWOOD TRACE TARPON SPRINGS FL 34689		2 3 STREET ADDRE	SSS [					
CITY-ST-ZIP TITLE	TSD	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	-			Change	Addition	
NAME	CONKLIN, BILL		3.2 NAME				_ •		
STREET ADDRESS	3075 MAPLE TRACE		3.3 STREET ADDRE	ss					
CITY-ST-ZIP	TARPON SPRINGS FL 34689		3.4. CITY-ST-ZIP						
TITLE	D INA	☐ DELETE	4.1 TITLE				☐ Change	Addition Addition	
NAME	JONES, JIM		4. 2 NAME						
STREET ADDRESS	2918 MAGNOLIA TRACE TARPON SPRINGS FL 34689		4.3 STREET ADDRE	SS					
CITY-ST-ZIP TITLE	IMPON SENINGS EF 94008	☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE				Change	Additio	
NAME	· •		5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRE	ss					
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE	,	DELETE	6.1 TITLE				Change	Addition	
NAME	$\mathcal{F}_{i}^{i}$		6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRE	SS					
CITY-ST-ZIP			6.4 CITY - ST - ZIP	ı					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ennual 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 appears in Block 12 or Block 13 if changed, or on an attactment with an address.