

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07693

1. Entity Name

OAK HILL ACRES PROPERTY ASSOCIATION, INC.

Principal Place of Business

101 DOGWOOD TRACE  
TARPON SPRINGS FL 34689

Mailing Address

P.O. BOX 2704  
TARPON SPRINGS FL 34688-2704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2495018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip  
34688

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TANKEL, ROBERT L  
1022 MAIN STREET  
SUITE D  
DUNEDIN FL 34698

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME KENNEDY, THOMAS J  
STREET ADDRESS 2950 MAPLE TRACE  
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 34688

TITLE DV  
NAME WUBBENA, TROY  
STREET ADDRESS 2965 MAPLE TRACE  
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☒ Delete

TITLE DV  
NAME ROACH, WILLIAM  
STREET ADDRESS 101 DOGWOOD TRACE  
CITY-ST-ZIP TARPON SPRINGS, FL 34688 ☐ Change ☒ Addition

TITLE SD  
NAME CONKLIN, BILL  
STREET ADDRESS 3075 MAPLE TRACE  
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 34688

TITLE TD  
NAME LAPING, ROBERT  
STREET ADDRESS 2902 MAGNOLIA TRACE  
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 34688

TITLE DV  
NAME BALMER, KEN  
STREET ADDRESS 2900 MAPLE TRACE  
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 34688

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 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:

SIGNATURE REQUIRED ROBERT L LAPING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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