


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90327 045 ****61.25

DOCUMENT # N07693 1. Entity Name OAK HILL ACRES PROPERTY ASSOCIATION, INC.					
Principal Place of Business 101 DOGWOOD TRACE TARPON SPRINGS, FL 34688 US				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			
Zip	Country	Zip	Country	01272005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2495018	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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 <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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	SD	<input type="checkbox"/> Delete		TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONKLIN, BILL		NAME	SD	
STREET ADDRESS	3075 MAPLE TRACE		STREET ADDRESS		
CITY - ST - ZIP	TARPON SPRINGS, FL 34688		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPING, ROBERT		NAME		
STREET ADDRESS	2902 MAGNOLIA TRACE		STREET ADDRESS		
CITY - ST - ZIP	TARPON SPRINGS, FL 34688		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, THOMAS		NAME	Chris Mavros	
STREET ADDRESS	2950 MAPLE TRACE		STREET ADDRESS	2900 Maple Trace	
CITY - ST - ZIP	TARPON SPRINGS, FL 34688		CITY - ST - ZIP	Tarpon Springs, FL 34688	
TITLE	DV	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROACH, WILLIAM		NAME		
STREET ADDRESS	101 DOGWOOD TRACE		STREET ADDRESS		
CITY - ST - ZIP	TARPON SPRINGS, FL 34688		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, DEBORAH		NAME	William Roach	
STREET ADDRESS	102 DOGWOOD TRACE		STREET ADDRESS	101 Dog Wood Trace	
CITY - ST - ZIP	TARPON SPRINGS, FL 34688		CITY - ST - ZIP	Tarpon Springs FL 34688	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: William E Roach Jr. William E Roach Jr. 4/24/05 813/855-0415 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					