

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07693

FILED
Mar 19, 2009
Secretary of State

Entity Name: OAK HILL ACRES PROPERTY ASSOCIATION, INC.

Current Principal Place of Business:

101 DOGWOOD TRACE
TARPON SPRINGS, FL 34688 US

New Principal Place of Business:

Current Mailing Address:

2907 CEDAR TRACE
TARPON SPRINGS, FL 34688 US

New Mailing Address:

FEI Number: 59-2495018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: KROSSCHELL, STEPHEN
Address: 2907 CEDAR TRACE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: PD () Delete
Name: HEIDEN, RICHARD
Address: 3000 MAPLE TRACE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: SD () Delete
Name: WIRTH, RENEE
Address: 2802 WILLOW TRACE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: VD () Delete
Name: ROACH, WILLIAM
Address: 101 DOG WOOD TRACE
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: ROACH, WILLIAM
Address: 101 DOGWOOD TRACE
City-St-Zip: TARPON SPRINGS, FL 34688

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN KROSSCHELL

TD

03/19/2009

Electronic Signature of Signing Officer or Director

Date