

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90299 011 \*\*\*\*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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2495018**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **KENNEDY, THOMAS J**  
STREET ADDRESS **2950 MAPLE TRACE**  
CITY-ST-ZIP **TARPON SPRINGS FL 34688**

TITLE **SD** ☐ Delete  
NAME **CONKLIN, BILL**  
STREET ADDRESS **3075 MAPLE TRACE**  
CITY-ST-ZIP **TARPON SPRINGS FL 34688**

TITLE **TD** ☐ Delete  
NAME **LAPING, ROBERT**  
STREET ADDRESS **2902 MAGNOLIA TRACE**  
CITY-ST-ZIP **TARPON SPRINGS FL 34688**

TITLE **DV** ☐ Delete  
NAME **BALMER, KEN**  
STREET ADDRESS **2900 MAPLE TRACE**  
CITY-ST-ZIP **TARPON SPRINGS FL 34688**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE **DV** ☐ Change ☒ Addition  
NAME **WIRTH, BRUCE**  
STREET ADDRESS **2802 WILLOW TRACE**  
CITY-ST-ZIP **TARPON SPRINGS, FL 34688**

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**

**1/25/03**

**943-5352**

CR2E037 (10/02)