

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

0078649

DOCUMENT # N13035

1. Entity Name

OAK HILLS UNIT 23 HOMEOWNERS ASSOCIATION, INC.

06-02-2001 90001 037 ****61.25

Principal Place of Business

5065 KEYSVILLE AVE.
 SPRING HILL FL 34608
 US

Mailing Address

5065 KEYSVILLE AVE.
 SPRING HILL FL 34608
 US

. 660864



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO Box 6398

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SPRINGHILL FL

4. FEI Number

59-2642157

Applied For

Not Applicable

Zip

Country

Zip

Country

34611

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FURLONG, HOWARD
4995 KIRKWOOD AVE
SPRING HILL FL 34608

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

Howard Furlong

5-20-01

(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	V	<input checked="" type="checkbox"/> Delete
NAME	HECKLER, EDWARD	
STREET ADDRESS	5294 LYDIA CT.	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FAGAN, DAVID W	
STREET ADDRESS	5065 KEYSVILLE AVE.	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	T	<input type="checkbox"/> Delete
NAME	FURLONG, HOWARD	
STREET ADDRESS	4995 KIRKWOOD AVE	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTIANO, NICK	
STREET ADDRESS	5005 FLORENTINE CT	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OSBORNE, DEREK	
STREET ADDRESS	5399 FLORENTINE CT	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROFT, JANET	
STREET ADDRESS	5298 FLORENTINE CT	
CITY-ST-ZIP	SPRING HILL FL 34608	

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTAGNINO, John	
STREET ADDRESS	5031 LYDIA CT.	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, DON B	
STREET ADDRESS	6717 FREEPORT DR	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECKLER, EDWARD	
STREET ADDRESS	5294 LYDIA CT	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is 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:

Don B. Kelly

5/20/01

688-6534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)