

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90085 019 ****61.25

DOCUMENT # N13035

1. Entity Name

OAK HILLS UNIT 23 HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

5065 KEYSVILLE AVE.
SPRING HILL FL 34608
US

Mailing Address

P O BOX 6398
SPRING HILL FL 34611
US

14000582



2. Principal Place of Business

5225 Lydia Ct.

3. Mailing Address

~~5225 Lydia Ct~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 6398

MOORE

CR2E037 (11/03)

City & State

Spring Hill

City & State

Spring Hill, FL

4. FEI Number

59-2642157

Applied For

Not Applicable

Zip

34608

Country

US

Zip

~~34608~~

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FURLONG, HOWARD
4995 KIRKWOOD AVE
SPRING HILL FL 34608

7. Name and Address of New Registered Agent

Name

LOWANNE MARTIN

Street Address (P.O. Box Number is Not Acceptable)

5225 Lydia Court

City

Spring Hill

FL

Zip Code

34608

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

LOWANNE MARTIN Treasurer

2-19-04

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
Due By May 1, 2004

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	V	Delete
NAME	MONTAGNINO, JOHN	
STREET ADDRESS	5031 LYDIA CT	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	Secretary	Delete
NAME	SARK, MARIANNA	
STREET ADDRESS	5038 FLORENTINE CT	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	T	Delete
NAME	FURLONG, HOWARD	
STREET ADDRESS	4995 KIRKWOOD AVE	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	D	Delete
NAME	CHRISTIANO, NICK	
STREET ADDRESS	5005 FLORENTINE CT	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	D	Delete
NAME	HECKLER, EDWARD	
STREET ADDRESS	5294 LYDIA COURT	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	D	Delete
NAME	CROFT, JANET	
STREET ADDRESS	5298 FLORENTINE CT	
CITY-ST-ZIP	SPRING HILL FL 34608	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	Change	Addition
NAME	Charles Kasey		
STREET ADDRESS	5264 Lydia Court		
CITY-ST-ZIP	Spring Hill, FL 34608		
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	TREASURER	Change	Addition
NAME	Lowanne Martin		
STREET ADDRESS	5225 Lydia Court		
CITY-ST-ZIP	Spring Hill, FL 34608		
TITLE	V	Change	Addition
NAME	Kenneth Colburn		
STREET ADDRESS	5101 Florentine Ct		
CITY-ST-ZIP	Spring Hill, FL 34608		
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME	PATRICIA Wheeler		
STREET ADDRESS	10220 Swanson Ct		
CITY-ST-ZIP	Spring Hill, FL 34608		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04 352-666-1697