

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90179 002 ****70.00

DOCUMENT # N13035

1. Entity Name
OAK HILLS UNIT 23 HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**5301 MERRIFIELD CT
SPRING HILL, FL 34608 US**

Mailing Address
**P O BOX 6398
SPRING HILL, FL 34611 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2642157

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**REUTER, HENRY G
10107 LORETTO ST
SPRING HILL, FL 34608**

7. Name and Address of New Registered Agent

Name **MICHAEL ECKSTEIN**
Street Address (P.O. Box Number is Not Acceptable)
10097 SUNBURST 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

Michael Eckstein T **MICHAEL ECKSTEIN** 4/18/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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	<input checked="" type="checkbox"/> Delete
NAME	MACKEY, ALAN	
STREET ADDRESS	5185 KEYSVILLE	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	REUTER, HENRY G	
STREET ADDRESS	10107 LORETTO ST	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOWE, GRAYDON	
STREET ADDRESS	5301 MERRIFIELD CT	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHEELER, PATRICIA	
STREET ADDRESS	10220 SWANSON CT.	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEN COLOAN	
STREET ADDRESS	5101 FLORENTINE CH	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL ECKSTEIN	
STREET ADDRESS	10097 SUNBURST 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		
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 exemptions contained 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 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: *Michael Eckstein* T **MICHAEL ECKSTEIN** 4/18/07 352-693-1153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #