

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90024 017 \*\*\*\*61.25

**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**



03122008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-2642157**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**ECKSTEIN, MICHAEL  
10097 SUNBURST COURT  
SPRING HILL, FL 34608**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>BOEN</b> <i>(NAME misspelled)</i> COLLIER, KEN 5101 FLORENTINE ST SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ECKSTEIN, MICHAEL 10097 SUNBURST CT SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWE, GRAYDON 5301 MERRIFIELD CT SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHEELER, PATRICIA 10220 SWANSON CT. SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/12/08* *352-683-1153*  
Date Daytime Phone #