


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90087 005 ****61.25

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|---|---|
| DOCUMENT # N19151 |  |
| 1. Entity Name OAK HILL VILLAGE HOMEOWNERS' ASSOCIATION, INC. | |

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| Principal Place of Business 2781 OAKHILL VILLAGE VALRICO FL 33594-3323 US | Mailing Address 2781 OAKHILL VILLAGE VALRICO FL 33594-3323 US |
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| 2. Principal Place of Business 2505 Oakhill Park Pl. | 3. Mailing Address 2505 Oakhill Park Place |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

1st MOORE CR2E037 (10/05)

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|-----------------------------------|-----------------------------------|
| City & State Valrico FL | City & State Valrico FL |
| Zip 33594 | Country USA |
| Zip 33594 | Country USA |

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| 4. FEI Number 59-2863552 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent KEITH, GEORGETTE 2781 OAKHILL VILLAGE CIRCLE VALRICO FL 33594-3323 | 7. Name and Address of New Registered Agent Name Barbara Boulter Street Address (P.O. Box Number is Not Acceptable) 2505 Oakhill Park Place City Valrico FL Zip Code 33594 |
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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 _____

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE P | <input checked="" type="checkbox"/> Delete | TITLE President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME RICHARDSON, ABBY | | NAME Georgette Keith | |
| STREET ADDRESS 2734 OAKHILL VILLAGE CIRCLE | | STREET ADDRESS 2781 Oakhill Village Cr. | |
| CITY-ST-ZIP VALRICO FL 33594 | | CITY-ST-ZIP Valrico, FL 33594 | |
| TITLE VP | <input checked="" type="checkbox"/> Delete | TITLE VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BOLL, HARRY | | NAME Betty Vogel | |
| STREET ADDRESS 2502 OAKHILL PARK PLACE | | STREET ADDRESS 116 Oakhill Key Ct. | |
| CITY-ST-ZIP VALRICO FL 33594 | | CITY-ST-ZIP Valrico FL 33594 | |
| TITLE S | <input checked="" type="checkbox"/> Delete | TITLE Secretary | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME KEITH, GEORGETTE | | NAME Barbara Boulter | |
| STREET ADDRESS 2781 OAKHILL VILLAGE CR. | | STREET ADDRESS 2505 Oakhill Park Place | |
| CITY-ST-ZIP VALRICO FL 33594-3323 | | CITY-ST-ZIP Valrico, FL 33594 | |
| TITLE T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME GOMBATTO, SHIRLEY | | NAME | |
| STREET ADDRESS 2640 OAKHILL VILLAGE CR | | STREET ADDRESS | |
| CITY-ST-ZIP VALRICO FL 33594-3323 | | CITY-ST-ZIP | |
| TITLE D | <input checked="" type="checkbox"/> Delete | TITLE Lee King | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME RICHARDSON, ROBERT | | NAME | |
| STREET ADDRESS 2734 OAKHILL VILLAGE CIRCLE | | STREET ADDRESS 2749 Oakhill Village Cr. | |
| CITY-ST-ZIP VALRICO FL 33594 | | CITY-ST-ZIP Valrico, FL 33594 | |
| TITLE D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME GOGGIN, BARBARA | | NAME | |
| STREET ADDRESS 2512 OAKHILL PARK PLACE | | STREET ADDRESS | |
| CITY-ST-ZIP VALRICO FL 33594 | | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Georgette Keith, President 2-15-06 813-657-1842