

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90047 022 ****61.25

DOCUMENT # N19151 1. Entity Name OAK HILL VILLAGE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2505 OAKHILL PARK PL VALRICO FL 33594 US			Mailing Address 2505 OAKHILL PARK PL VALRICO FL 33594 US		
2. Principal Place of Business - No P.O. Box # 2628 OAKHILL VILLAGE CIR.		3. Mailing Address 2628 OAKHILL VILLAGE CIR.		1st MOORE CR2E037 (10/06)	
City & State, Valrico, FL		City & State Valrico FL		4. FEI Number 59-2863552	
Zip 33594		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOULIER, BARBARA 2505 OAKHILL PARK PL VALRICO, FL 33594			7. Name and Address of New Registered Agent Name Julia Campfield Street Address (P.O. Box Number is Not Acceptable) 2628 OAKHILL VILLAGE CIRCLE City Valrico FL 33594		
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 <u><i>Julia Campfield</i></u> DATE <u>4-18-07</u>					
FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME GEORGETTE KEITH STREET ADDRESS 2781 OAKHILL VILLAGE CR CITY ST ZIP VALRICO FL 33594	☒ Delete		TITLE P NAME Julia Campfield STREET ADDRESS 2628 OAKHILL VILLAGE CIRCLE CITY ST ZIP Valrico FL 33594	☒ Change ☐ Addition	
TITLE VP NAME VOGEL, BETTY STREET ADDRESS 116 OAKHILL KEY CT CITY ST ZIP VALRICO FL 33594	☐ Delete		TITLE VP NAME Vogel, Betty STREET ADDRESS 116 OAKHILL KEY CT CITY ST ZIP Valrico FL 33594	☐ Change ☐ Addition	
TITLE S NAME BOULIER, BARBARA STREET ADDRESS 2505 OAKHILL PARK PLACE CITY ST ZIP VALRICO FL 33594	☒ Delete		TITLE S NAME CAROL KISSEL STREET ADDRESS 129 OAKHILL KEY COURT- CITY ST ZIP Valrico FL 33594	☒ Change ☐ Addition	
TITLE T NAME GOMBATTO, SHIRLEY STREET ADDRESS 2640 OAKHILL VILLAGE CR CITY ST ZIP VALRICO FL 33594-3323	☒ Delete		TITLE T NAME Betty J. West STREET ADDRESS 2636 OAKHILL VILLAGE CIRCLE CITY ST ZIP Valrico FL 33594	☒ Change ☐ Addition	
TITLE D NAME KING, LEE STREET ADDRESS 2749 OAKHILL VILLAGE CIR CITY ST ZIP VALRICO FL 33594	☐ Delete		TITLE SAME NAME SAME STREET ADDRESS SAME CITY ST ZIP SAME	☐ Change ☐ Addition	
TITLE D NAME GOGGIN, BARBARA STREET ADDRESS 2512 OAKHILL PARK PLACE CITY ST ZIP VALRICO FL 33594	☒ Delete		TITLE D NAME MARILYN PARSONS STREET ADDRESS 133 OAKHILL KEY COURT CITY ST ZIP Valrico FL 33594	☐ Change ☐ Addition	
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: <u><i>Betty J. West</i></u>			SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Betty J. West</u>		

Use 319-07

952-7187