

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N21720**

1. Entity Name  
**OAKHILL FARMS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1031 GREEN HILL TRACE  
TALLAHASSEE, FL 32317 US**

Mailing Address  
**1031 GREEN HILL TRACE  
TALLAHASSEE, FL 32317 US**



07132005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

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

**FARMER, ANDREA L  
1031 GREEN HILL TRACE  
TALLAHASSEE, FL 32317**

**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 Andrea L. Farmer **Andrea L. Farmer, Secretary / Treasurer** **8/12/05**  
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 September 7, 2005**

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	STD FARMER, ANDREA L 1031 GREEN HILL TRACE TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HORTON, DENNIS 11071 BEXHILL LANE TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECK, FRANK 1024 GREEN HILL TRACE TALLAHASSEE, FL 32317
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UD00000376994  
08/24/05-80003-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: Andrea L. Farmer **Andrea L. Farmer** **8/12/05** **850-877-4654**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #