

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28289

1. Entity Name

OAKHILL FARMS, UNIT II HOMEOWNERS ASSOCIATION, I

Principal Place of Business

1057 EPPING FOREST DR.  
TALLAHASSEE FL 32311

Mailing Address

GOTTI, APRIL  
1057 EPPING FOREST DR.  
TALLAHASSEE FL 32311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0250023

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOTTI, APRIL  
1057 EPPING FOREST DR.  
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name: Patrick Holiday  
Street Address (P.O. Box Number is Not Acceptable)  
1046 Epping Forest Dr.  
City: Tallahassee FL Zip Code: 32311

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOTTI, APRIL 1057 EPPING FOREST DR. TALLAHASSEE FL 32311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLIDAY, PATRICK 1138 GREEN HILL TR. TALLAHASSEE FL 32311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MONTFORD, DAVID 1182 GREEN HILL TRACE TALLAHASSEE FL 32311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONTFORD, MAYBELLE 1182 GREEN HILL TRACE TALLAHASSEE FL 32311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANNIN, HEATH 1047 EPPING FOREST DR. TALLAHASSEE FL 32311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Holiday, Patrick 1046 Epping Forest Dr Tallahassee, Fl 32311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOTTI, APRIL 1057 Epping Forest Dr. Tallahassee, Fl 32311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Sally Huggins 1146 Green Hill Trace Tallahassee, Fl. 32311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Comie Waldo 1044 CANARDON DR. Tallahassee, Fl 32311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90337 016 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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