

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90251 019 ****61.25

DOCUMENT # N28289

1. Entity Name

OAKHILL FARMS, UNIT II HOMEOWNERS ASSOCIATION, I NC.

Principal Place of Business

Mailing Address

**1057 EPPING FOREST DR.
TALLAHASSEE FL 32311**

**GOTTI, APRIL
1057 EPPING FOREST DR.
TALLAHASSEE FL 32311**

362133

2. Principal Place of Business

3. Mailing Address

**1046 Epping Forest
Suite, Apt. # etc.**

**P.O. BOX
Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL.

City & State
Tallahassee, FL.

4. FEI Number
65-0250023

Applied For
Not Applicable

Zip Country
32317 USA

Zip Country
32 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLIDAY, PATRICK
1046 EPPING FOREST DR.
TALLAHASSEE FL 32311**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **HOLIDAY, PATRICK**
CITY-ST-ZIP **1046 EPPING FOREST DR.
TALLAHASSEE FL 32311**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **GOTTI, APRIL**
CITY-ST-ZIP **1057 EPPING FOREST DR.
TALLAHASSEE FL 32311**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **HUGGINS, SALLY**
CITY-ST-ZIP **1146 GREEN HILL TRACE
TALLAHASSEE FL 32311**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **WALDO, CONNIE**
CITY-ST-ZIP **1044 CANARVON DR.
TALLAHASSEE FL 32311**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

Patrick J. Holiday 4-29-02 0098

CR2E037 (9/01)