

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

FILED

**Feb 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # N35849

1. Entity Name
**OAK HILL PLANTATION PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business

**106 HATLEY STREET SE
JASPER, FL 32052**

Mailing Address

**PO BOX 191
JASPER, FL 32052**



01312005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3054841

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RATLIFF, RONALD H
4466 US HWY 41 S.
JASPER, FL 32052**

**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

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 May 1, 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
**PD
RATLIFF, RONALD H
PO BOX 191
JASPER, FL 32052**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
MOODY, JAMES M
PO BOX 191
JASPER, FL 32052**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
RATLIFF, VICKIE L
4466 US HWY 41 S
JASPER, FL 32052**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000219187
02/08/05-80017-020 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:

Ronald H. Ratliff
Ronald H. Ratliff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/05

786-792-8485