

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 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**



04182008 No Chg-NP

CR2E037 (4/06)

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000913177
05/08/08-80005-021 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RATLIFF, RONALD H
STREET ADDRESS PO BOX 191
CITY-ST-ZIP JASPER, FL 32052

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald H. Ratliff

4/18/08

Date

386-792-2532

Daytime Phone #