


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

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90021 011 \*\*\*\*61.25

<b>DOCUMENT # N37553</b> 1. Entity Name <b>THE OAKS OF SPRING HILL HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business 13301 CECIL CT. SPRING HILL, FL 34609 US	Mailing Address 14169 LAWRENCE ST. SPRING HILL, FL 34609-8973 US
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**DO NOT WRITE IN THIS SPACE**



03142008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3010946</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

FLOHR, ROBERT O  
 13301 CECIL CT.  
 SPRING HILL, FL 34609

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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 JOHNSON, PAUL R 6259 SEBASTIAN DR SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLOOM, JOHN W 6101 KRISTA DR SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEISE, ANNA 6126 KRISTA DR. SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLOHR, ROBERT O 13301 CECIL CT. SPRING HILL, FL 34609
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:** *Robert O Flohr* **ROBERT O. FLOHR** 4/11/08 352-686-8987  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #