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FILED  
May 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39575** (8)

1. Corporation Name

**OAKHILL FARMS, UNIT III HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**P.O. BOX 14955  
TALLAHASSEE FL 32317-4955**

**1150 CORBY CT E  
TALLAHASSEE FL 32311  
US**



3. Date Incorporated or Qualified

**08/17/1990**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** Zip Country

9. Name and Address of Current Registered Agent

**ANDERSON, ROBERT  
1150 CORBY COURT E  
TALLAHASSEE FL 32311**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☐ DELETE  
NAME **CHASE, RICHARD P**  
STREET ADDRESS **1110 CORBY COURT, EAST**  
CITY-ST-ZIP **TALLAHASSEE FL 80**

TITLE **SD** ☐ DELETE  
NAME **CRUMPLER, AMY**  
STREET ADDRESS **1104 CORBY CT E**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **VPO** ☒ DELETE  
NAME **NORTON, VLISA**  
STREET ADDRESS **1119 CORBY CT E**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **TD** ☐ DELETE  
NAME **ANDERSON, ROBERT M**  
STREET ADDRESS **1150 CORBY CT EAST**  
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **PD** ☐ DELETE  
NAME **ANDERSON, ROBERT M**  
STREET ADDRESS **1150 CORBY CT E**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **TD** ☐ DELETE  
NAME **CHASE, RICHARD P**  
STREET ADDRESS **1110 CORBY COURT E**  
CITY-ST-ZIP **TALLAHASSEE FL 80**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **VPO**  
3.3 STREET ADDRESS **RICHARD MEADOR**  
3.4 CITY-ST-ZIP **1076 CORBY COURT**  
**TALLAHASSEE, FL. 32311**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Robert M Anderson - President - Anderson* 4/24/98 (350) 414-3600

CR2E037 (10/97)