

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90077 027 ****61.25

DOCUMENT # N39575

1. Corporation Name

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

Principal Place of Business

P.O. BOX 14955
TALLAHASSEE FL 32317-4955

Mailing Address

1150 CORBY CT E
TALLAHASSEE FL 32311
US



478614 - 90077 - 27



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 P.O. Box 14955

Suite, Apt. #, etc.

27 City & State

28 TALLAHASSEE, FL

29 Zip Country

30 32317-4955 U.S.

3. Date Incorporated or Qualified

08/17/1990

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ANDERSON, ROBERT
1150 CORBY COURT E
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE

NAME CHASE, RICHARD P
STREET ADDRESS 1110 CORBY COURT, EAST
CITY-ST-ZIP TALLAHASSEE FL 60

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME VPD MEADOR, RICHARD
STREET ADDRESS 1076 CORBY COURT
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME TD CHASE, RICHARD P
STREET ADDRESS 1110 CORBY COURT E
CITY-ST-ZIP TALLAHASSEE FL 60

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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/29/99

(850) 414-3914

CR2E037 (11/98)