

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90082 048 ****61.25

DOCUMENT # N39575

1. Entity Name

OAKHILL FARMS, UNIT III HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 14955
TALLAHASSEE FL 32317-4955

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32317-4955

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, ROBERT
1150 CORBY COURT E
TALLAHASSEE FL 32311

Name

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

City

FL

Zip Code

32317-4955

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.

8159

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **CHASE, RICHARD P**
STREET ADDRESS **1110 CORBY COURT, EAST**
CITY-ST-ZIP **TALLAHASSEE FL 32311-8160**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32317-8160**

TITLE **SD** ☐ Delete
NAME **CRUMPLER, AMY**
STREET ADDRESS **1104 CORBY CT E**
CITY-ST-ZIP **TALLAHASSEE FL 32311-8159**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32317-8159**

TITLE **VPO** ☐ Delete
NAME **MEADOR, RICHARD**
STREET ADDRESS **1076 CORBY COURT**
CITY-ST-ZIP **TALLAHASSEE FL 32311-8159**

TITLE ☒ Change ☐ Addition
NAME **DAVID PRESIDENT**
STREET ADDRESS **MARILYN ALVAREZ**
CITY-ST-ZIP **1149 CORBY COURT EAST**
TALLAHASSEE, FL. 32317-8159

TITLE **PD** ☐ Delete
NAME **ANDERSON, ROBERT M**
STREET ADDRESS **P.O. BOX 14955**
CITY-ST-ZIP **TALLAHASSEE FL 32317-4955**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32317-4955**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED
Robert M. Anderson 2/25/02 414-3914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)