## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N39575

FILED Jan 05, 2009 Secretary of State

Entity Name: OAKHILL FARMS, UNIT III HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1055 CORBY COURT TALLAHASSEE, FL 32317 **Current Mailing Address: New Mailing Address:** 1055 CORBY COURT TALLAHASSEE, FL 32317 US FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAMMOCK, LISA F 1055 CORBY COURT TALLAHASSEE, FL 32317 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SCHRECK, PAULINE Name: Name: 1064 CORBY COURT Address: Address: City-St-Zip: TALLAHASSEE, FL 323178160 City-St-Zip: Title: TD ( ) Delete Title: () Change () Addition Name: BERG, BILL Name: Address: 1139 CORBY COURT E Address: City-St-Zip: TALLAHASSEE, FL 323178159 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition HAMMOCK, JERRY HAMMOCK, JERRY Name: Name: 1055 CORLOY COURT 1055 CORBY COURT Address: Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: TALLAHASSEE, FL 32317 Title: PD ( ) Delete Title: PD (X) Change ( ) Addition HAMMOCK, LISA F Name: HAMMOCK, LISA F Name: 1055 CORBY COURT Address: 1055 CORBY LANE Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: TALLAHASSEE, FL 32317

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA F. HAMMOCK PD 01/05/2009