


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90965 028 ****61.25

DOCUMENT # N39575 1. Entity Name OAKHILL FARMS, UNIT III ✓ Homeowners Association	
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DO NOT WRITE IN THIS SPACE

10095773

2. Principal Place of Business 1150 CORBY COURT EAST Suite, Apt. #, etc.	3. Mailing Address P.O. Box 14955 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State TALLAHASSEE FL	City & State TALLAHASSEE, FL
Zip 32317	Country US
Zip 32317	Country US

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	Robert M. Anderson
Street Address (P.O. Box Number is Not Acceptable)	
1150 CORBY COURT EAST	
City	TALLAHASSEE FL
Zip Code	32317

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE	P/D	TITLE	
NAME	Robert M. Anderson	NAME	
STREET ADDRESS	P.O. Box 14955	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL. 32317	CITY-ST-ZIP	
TITLE	V/D	TITLE	
NAME	MARILYN ALVAREZ	NAME	
STREET ADDRESS	1149 CORBY COURT EAST	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	CITY-ST-ZIP	
TITLE	T/S/D	TITLE	
NAME	RICHARD CHASE	NAME	
STREET ADDRESS	1110 CORBY COURT EAST	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)