


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90024 045 \*\*\*150.00

**DOCUMENT # P97000013466**

1. Entity Name  
**OAK HILL ASSOCIATION, INC.**



**60018106**



01182007 Chg-P CR2E034 (12/06)

Principal Place of Business  
**481 E HALIFAX  
 OAK HILL, FL 32759**

Mailing Address  
**POST OFFICE BOX 1114  
 OAK HILL, FL 32759**

2. Principal Place of Business - No P.O. Box #  
 3. Mailing Address  
**124 FAULKNER STREET**

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

City & State  
**NEW SMYRNA BEACH, FL**

Zip Country Zip Country  
**32168 VOLUSIA**

4. FEI Number  
**59-3436994**

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	
<b>MARTONE, LEONARD P                      480 EAST HALIFAX AVENUE                      OAK HILL, FL 32759</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GIAQUINTO, ANTHONY POST OFFICE BOX 1114 OAK HILL, FL 32759</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT MARTONE, LEONARD 124 FAULKNER STREET NEW SMYRNA BEACH, FL 32168</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MARTONE, LEONARD PO BOX 1114 OAK HILL, FL 327591114</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT KEYES, LEONARD 124 FAULKNER STREET NEW SMYRNA BEACH, FL 32168</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LITTRELL, ANNAMARIE POST OFFICE BOX 1114 OAK HILL, FL 32759</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY MARTONE, ELIZABETH 124 FAULKNER STREET NEW SMYRNA BEACH, FL 32168</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T LITTRELL, DONALD POST OFFICE BOX 1114 OAK HILL, FL 32759</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:**  **2-13-07** **386-423-1221**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #