


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90024 034 ***150.00

DOCUMENT # P97000013466

1. Entity Name
OAK HILL ASSOCIATION, INC.



Principal Place of Business Mailing Address
481 E HALIFAX **POST OFFICE BOX 1114**
OAK HILL, FL 32759 **OAK HILL, FL 32759**

40043388



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
481 E HALIFAX **POST OFFICE BOX 1114**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02182008 Chg-P CR2E034 (12/06)

City & State City & State
OAK HILL FL **OAK HILL FL**

4. FEI Number Applied For
59-3436994 Not Applicable

Zip Country Zip Country
32759 **US** **32759** **US**

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARTONE, LEONARD P
480 EAST HALIFAX AVENUE
OAK HILL, FL 32759

7. Name and Address of New Registered Agent --
 Name **WALTER R DERRICK PRES**
 Street Address (P.O. Box Number is Not Acceptable)
490 E HALIFAX AVE
OAK HILL FL
 City **FL** Zip Code **32759**

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 Walter R Derrick PRES WALTER R DERRICK P DATE 3/10/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GIAQUINTO, ANTHONY	
STREET ADDRESS	POST OFFICE BOX 1114	
CITY-ST-ZIP	OAK HILL, FL 32759	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MARTONE, LEONARD	
STREET ADDRESS	PO BOX 1114	
CITY-ST-ZIP	OAK HILL, FL 327591114	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LITRELL, ANNAMARIE	
STREET ADDRESS	POST OFFICE BOX 1114	
CITY-ST-ZIP	OAK HILL, FL 32759	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LITRELL, DONALD	
STREET ADDRESS	POST OFFICE BOX 1114	
CITY-ST-ZIP	OAK HILL, FL 32759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER R DERRICK	
STREET ADDRESS	PO B 1114	
CITY-ST-ZIP	OAK HILL FL 32759	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS GREGG	
STREET ADDRESS	PO BOX 1114	
CITY-ST-ZIP	OAK HILL FL 32759	
TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIZABETH MARTONE	
STREET ADDRESS	PO BOX 1114	
CITY-ST-ZIP	OAK HILL FL 32759	
TITLE	TRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARL SALPIETRA JR	
STREET ADDRESS	PO BOX 1114	
CITY-ST-ZIP	OAK HILL FL 32759	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Carl Salpietra Jr **CARL SALPIETRA JR** TREASURE 3/8/08 386-734-8141
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #