2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000013466

Entity Name: OAK HILL ASSOCIATION, INC.

FILED Mar 10, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

481 E HALIFAX OAK HILL, FL 32759

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 1114 OAK HILL, FL 32759

C/O C. SALPIETRA 450 VANCE FARMS LANE DELAND, FL 327207954 US

FEI Number: 59-3436994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DERRICK, WALTER R PRES 490 E HALIFAX AVE OAK HILL, FL 32759 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

DERRICK, WALTER R DERRICK, WALTER R Name: Name: POST OFFICE BOX 1114 C/O C. SALPIETRA, 450 VANCE FARMS LANE Address: Address:

City-St-Zip: OAK HILL, FL 32759 City-St-Zip: DELAND, FL 327207954

Title: VΡ Title: VΡ () Delete (X) Change () Addition Name: GREGG, FRANCIS Name: GREGG, FRANCIS

PO BOX 1114 C/O C. SALPIETRA, 450 VANCE FARMS LANE Address: Address:

OAK HILL, FL 327591114 DELAND, FL 327207954 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition

MARTONE, ELIZABETH LITTRELL, ANNAMARIE Name: Name: POST OFFICE BOX 1114 PO BOX 171 Address: Address:

City-St-Zip: OAK HILL, FL 32759 City-St-Zip: OAK HILL, FL 327590171

Title: () Delete Title: (X) Change () Addition

SALPIETRA, CARL JR SALPIETRA, CARL JR Name: Name: Address: POST OFFICE BOX 1114 Address: 450 VANCE FARMS LANE City-St-Zip: City-St-Zip: OAK HILL, FL 32759 DELAND, FL 327207954

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNAMARIE LITTRELL S 03/10/2009