


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90026 002 \*\*\*\*61.25

DOCUMENT # N94000005906					
1. Entity Name OAK HOLLOW HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 675 KELLY GREEN OVIEDO, FL 32765 US		Mailing Address P.O. BOX 620921 OVIEDO, FL 32765 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04042006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-3282355	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SASSER, CAMILLE 573 KELLY GREEN ST. OVIEDO, FL 32765			Name Street Address (P.O. Box Number's Not Acceptable) City FL 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 _____ <small>Registered Agent or Director of the Registered Agent with this Office. (Do Not Sign if the Agent is Not Registered with this Office.)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSER, CAMILLE		NAME		
STREET ADDRESS	573 KELLY GREEN ST.		STREET ADDRESS		
CITY ST ZIP	OVIEDO, FL 32765		CITY ST ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOSLEY, MIKE		NAME	NASBY, JOHN	
STREET ADDRESS	580 KELLY GREEN ST		STREET ADDRESS	650 Kelly Green St.	
CITY ST ZIP	OVIEDO, FL 32765		CITY ST ZIP	OVIEDO, FL 32765	
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTH, JAY		NAME		
STREET ADDRESS	601 KELLY GREEN ST		STREET ADDRESS		
CITY ST ZIP	OVIEDO, FL 32765		CITY ST ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORQUODALE, DAVID		NAME		
STREET ADDRESS	587 KELLY GREEN ST		STREET ADDRESS		
CITY ST ZIP	OVIEDO, FL 32765		CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			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 I 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 Block 11 if changed, or on an attachment with an address, with a other like empowered.					
SIGNATURE: <i>Camille Sasser</i>		CAMILLE SASSER		4/4/06 407-366-1382	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					