


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N94000005906**

1. Entity Name  
**OAK HOLLOW HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>675 KELLY GREEN          OVIEDO, FL 32765 US</b>	Mailing Address <b>P.O. BOX 620921          OVIEDO, FL 32765 US</b>
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**DO NOT WRITE IN THIS SPACE**



01262008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3282355</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SASSER, CAMILLE  
 573 KELLY GREEN ST.  
 OVIEDO, FL 32765**

**DO NOT WRITE IN THIS SPACE**

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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SASSER, CAMILLE 573 KELLY GREEN ST. OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NASBY, JOHN 650 KELLY GREEN ST OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WORTH, JAY 601 KELLY GREEN ST OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WARRNER, INGRID 545 KELLY GREEN ST OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000822924  
 02/20/08-80018-016 61.25

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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 617, 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: *Camille D. Sasser*