

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 19, 2009  
Secretary of State**

DOCUMENT# N94000005906

Entity Name: OAK HOLLOW HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

675 KELLY GREEN  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 620921  
OVIEDO, FL 32765 US

**New Mailing Address:**

FEI Number: 59-3282355      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: SASSER, CAMILLE  
Address: 573 KELLY GREEN ST.  
City-St-Zip: OVIEDO, FL 32765

Title: DS ( ) Delete  
Name: NASBY, JOHN  
Address: 650 KELLY GREEN ST  
City-St-Zip: OVIEDO, FL 32765

Title: DP ( ) Delete  
Name: WORTH, JAY  
Address: 601 KELLY GREEN ST  
City-St-Zip: OVIEDO, FL 32765

Title: DV ( ) Delete  
Name: WARRNER, INGRID  
Address: 545 KELLY GREEN ST  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV (X) Change ( ) Addition  
Name: WEIGHILL, TOM  
Address: 675 KELLY GREEN ST  
City-St-Zip: OVIEDO, FL 32765

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

SIGNATURE: CAMILLE SASSER

TD

02/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date