


FILE NOW: FILING FEE IS \$61.25

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**Mar 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759723 (0)

1. Corporation Name
OAKHURST AT LEESBURG CONDOMINIUM ASSOCIATION, IN C.



Principal Place of Business 709-9 PERKINS STREET P.O. BOX 491113 LEESBURG FL 34749 US	Mailing Address P.O. BOX 491113 LEESBURG FL 34749 US
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3. Date Incorporated or Qualified 08/20/1981
4. FEI Number 59-2349910
Applied For <input type="checkbox"/>
Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DUGGAN, J ROBERT
1029 WEST MAGNOLIA STREET
LEESBURG FL 34748**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RACZKOWSKI, HENRY	
STREET ADDRESS	4009 EAGLE RIDGE	
CITY-ST-ZIP	FRUITLAND PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCRACKEN, LEONARD E.	
STREET ADDRESS	709-9 PERKINS ST	
CITY-ST-ZIP	LEESBURG FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BRAXTON, E. ELIZABETH	
STREET ADDRESS	9541 SILVER LAKE DR.	
CITY-ST-ZIP	LEESBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PETERSON, MELVA	
1.3 STREET ADDRESS	705B1 PERKINS STREET	
1.4 CITY-ST-ZIP	LEESBURG, FL. 34748	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BRAXTON, E. ELIZABETH	
3.3 STREET ADDRESS	9541 SILVER LAKE DR.	
3.4 CITY-ST-ZIP	LEESBURG, FL. 34788	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CLAUDIA MARSHALL	
4.3 STREET ADDRESS	1106 MIZELL ROAD	
4.4 CITY-ST-ZIP	LEESBURG, FL. 34748	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ **3-11-98 25-321-5091**

CR2E037 (10/97)