

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

0062374

03-08-2001 90109 025 ****61.25

DOCUMENT # 759723

1. Entity Name

OAKHURST AT LEESBURG CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

Mailing Address

709-9 PERKINS STREET
 P.O. BOX 491113
 LEESBURG FL 34749
 US

P.O. BOX 491113
 LEESBURG FL 34749
 US

2. Principal Place of Business

3. Mailing Address

705B1 PERKINS STREET

P.O. Box 491113

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LEESBURG

City & State

LEESBURG FL

City & State

FLORIDA

Zip

34748

Country

LAKE

Zip

34749-1113

Country

LAKE

4. FEI Number

59-2349910

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUGGAN, J ROBERT
1029 WEST MAGNOLIA STREET
LEESBURG FL 34748

Name

Street Address (P.O. Box Number is 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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME PETERSON, MELVA
 STREET ADDRESS 705B1 PERKINS STREET
 CITY-ST-ZIP LEESBURG FL 34748

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME MCCracken, LEONARD E.
 STREET ADDRESS 709-9 PERKINS ST
 CITY-ST-ZIP LEESBURG FL

TITLE D Change Addition
 NAME LEONARD BARNEY
 STREET ADDRESS 709-6 PERKINS STREET
 CITY-ST-ZIP LEESBURG, FL 34748

TITLE TD Delete
 NAME BRAXTON, E. ELIZABETH
 STREET ADDRESS 9541 SILVER LAKE DR.
 CITY-ST-ZIP LEESBURG FL 34788

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME MARSHALL, CLAUDIA
 STREET ADDRESS 1106 MIZELL ROAD
 CITY-ST-ZIP LEESBURG FL 34748

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: *E. Elizabeth Braxton* (E. ELIZABETH BRAXTON) 3/5/01 352-326-5091
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)