


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90045 022 ****61.25

DOCUMENT # 759723

1. Entity Name
OAKHURST AT LEESBURG CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

707C1 PERKINS STREET 707C1 PERKINS STREET
 LEESBURG FL 34748 LEESBURG FL 34748
 US US

34010370



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address

707 PERKINS STREET **P.O. Box 491113**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

LEESBURG, FL **LEESBURG, FL**

Zip Country Zip Country

34748 **USA** **34749-1113** **USA**

4. FEI Number 59-2349910 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUGGAN, J ROBERT
1029 WEST MAGNOLIA STREET
LEESBURG FL 34748

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD HUGHES, DUSTIN 707B1 PERKINS STREET LEESBURG FL 34748 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETCH, BARRY 705B-3 PERKINS STREET LEESBURG, FL. 34748 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LITTLE, RICHARD B 707A1 PERKINS STREET LEESBURG FL 34748 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DZIENGEL, MARIE ANNA 707A2 PERKINS STREET LEESBURG, FL. 34748 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STOLZ, DENISE 709-7 PERKINS STREET LEESBURG FL 34748 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRAXTON, E. ELIZABETH 9541 SILVER LAKE DR, LEESBURG, FL. 34788 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARSHALL, CLAUDIA 1106 MIZELL ROAD LEESBURG FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Treasurer (E. ELIZABETH BRAXTON 2/12/04) **352-326-3269**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #