
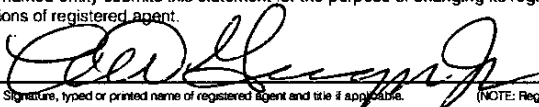



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90065 002 \*\*\*\*61.25

<b>DOCUMENT # 759723</b>			
1. Entity Name <b>OAKHURST AT LEESBURG CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business 707 PERKINS STREET LEESBURG, FL 34748 US		Mailing Address P.O. BOX 491113 LEESBURG, FL 34749-1113 US	
2. Principal Place of Business		3. Mailing Address 214 B North 3rd Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Leesburg, FL 34748	
Zip	Country	Zip	Country
34748	US	34748	US
4. FEI Number 59-2349910		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 L. D. Geiger, Jr. Street Address (P.O. Box Number is Not Acceptable) 214-B North Third Street City Leesburg, FL 34748	
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 		DATE 2-15-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PETOH, BARRY 705B-3 PERKINS STREET LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Leonard McCracken 709-9 Perkins Street Leesburg, FL 34748 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DZEINGEL, MARIE ANNA 707A2 PERKINS STREET LEESBURG, FL 34748 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Merrill Raybould 709-1 Perkins Street Leesburg, FL 34748 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRAXTON, E. ELIZABETH 9541 SILVER LAKE DR. LEESBURG, FL 34788 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Melva Peterson 705B2 Perkins Street Leesburg, FL 34748 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARSHALL, CLAUDIA 1106 MIZELL ROAD LEESBURG, FL 34748 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joe Thompson 709-4 Perkins Street Leesburg, FL 34748 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Sue B Geiger 214 B North Third Street 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	D Mabel Carroll 707A6 Perkins Street Leesburg, FL 34748 <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: 		DATE: 2/15/05 DAYTIME PHONE #: 352-787-4101	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	