
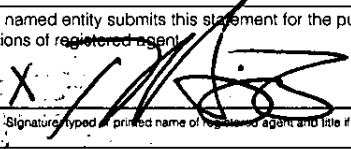
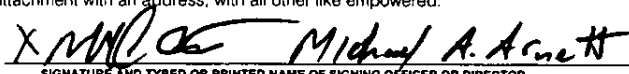


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90061 026 ****61.25

DOCUMENT # 759723			
1. Entity Name OAKHURST AT LEESBURG CONDOMINIUM ASSOCIATION, INC.		Principal Place of Business 707 PERKINS STREET LEESBURG, FL 34748 US	
Mailing Address 214 B NORTH 3RD STREET LEESBURG, FL 34748 US		2. Principal Place of Business - No P.O. Box #	
3. Mailing Address 1300 W North Blvd.		Suite, Apt. #, etc.	
City & State Leesburg FL		4. FEI Number 59-2349910	
Zip 34748		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GEIGER, L.D. JR 214-B NORTH THIRD STREET LEESBURG, FL 34748		7. Name and Address of New Registered Agent Name: Thomas D. Grizzard Street Address (P.O. Box Number is Not Acceptable): 1300 W North Blvd City: Leesburg FL Zip Code: 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: 2/18/08	
Filing Fee is \$61.25 Due by May 1, 2008		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: BM NAME: PETOH, BARRY STREET ADDRESS: 705B-3 PERKINS STREET CITY-ST-ZIP: LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: ARNETT, MICHAEL STREET ADDRESS: 705 Perkins St. # 101 CITY-ST-ZIP: Leesburg FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: BM NAME: CAGES, TONY STREET ADDRESS: 701 PERKINS ST. 203 CITY-ST-ZIP: LEESBURG, FL 34748	<input type="checkbox"/> Delete	TITLE: VD NAME: STREET ADDRESS: CITY-ST-ZIP: ←	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: BM NAME: STOLZ, DENISE STREET ADDRESS: 701 PERKINS ST. 203 CITY-ST-ZIP: LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete	TITLE: SD NAME: NHAN, QUINN STREET ADDRESS: 715 Perkins St. # 100 CITY-ST-ZIP: Leesburg FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: BM NAME: THOMPSON, JOE STREET ADDRESS: 709-4 PERKINS STREET CITY-ST-ZIP: LEESBURG, FL 34748	<input type="checkbox"/> Delete	TITLE: D NAME: STREET ADDRESS: CITY-ST-ZIP: ←	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SMITH, MARIA STREET ADDRESS: 701 PERKINS ST. 201 CITY-ST-ZIP: LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: LITTLE, RICHARD STREET ADDRESS: 701 Perkins St. # 100 CITY-ST-ZIP: Leesburg FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: BM NAME: RUSSELL, MICHAEL STREET ADDRESS: 711 PERKINS ST SUITE 100 CITY-ST-ZIP: LEESBURG, FL 34748	<input checked="" 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 exemptions contained 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 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: 2/22/08 (352) 308-6500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	