

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759723

FILED  
Feb 11, 2009  
Secretary of State

Entity Name: OAKHURST AT LEESBURG CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

707 PERKINS STREET  
LEESBURG, FL 34748 US

**New Principal Place of Business:**

**Current Mailing Address:**

1300 W NORTH BLVD  
LEESBURG, FL 34748 US

**New Mailing Address:**

FEI Number: 59-2349910      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GIZZARD, THOMAS D  
1300 W. NORTH BLVD  
LEESBURG, FL 34748 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: CAGES, TONY  
Address: 701 PERKINS ST. 203  
City-St-Zip: LEESBURG, FL 34748

Title: D ( ) Delete  
Name: THOMPSON, JOE  
Address: 709-4 PERKINS STREET  
City-St-Zip: LEESBURG, FL 34748

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ARNETT, MIKE  
Address: 705 PERKINS STREET # 101  
City-St-Zip: LEESBURG, FL 34748

Title: D (X) Change ( ) Addition  
Name: THOMPSON, JOE  
Address: 723 PERKINS STREET # 204  
City-St-Zip: LEESBURG, FL 34748

Title: D ( ) Change (X) Addition  
Name: STOLZ, DENISE  
Address: 723 PERKINS STREET # 203  
City-St-Zip: LEESBURG, FL 34748

Title: SD ( ) Change (X) Addition  
Name: NHAN, QUIN  
Address: 715 PERKINS STREET # 100  
City-St-Zip: LEESBURG, FL 34748

Title: VD ( ) Change (X) Addition  
Name: RUSSELL, MIKE  
Address: 711 PERKINS STREET # 100  
City-St-Zip: LEESBURG, FL 34748

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE ARNETT

PD

02/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date