


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90760 038 \*\*\*\*61.25

<b>DOCUMENT # 746696</b>							
1. Entity Name <b>OAKLEAF VILLAGE HOMEOWNER'S ASSOCIATION, INC.</b>							
Principal Place of Business PO BOX 75 TARPON SPRINGS, FL 34689 US			Mailing Address PO BOX 75 TARPON SPRINGS, FL 34688-0075 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>59-2047945</b>			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>TUCKER, THOMAS</b> 1289 S. DISSTON AVENUE TARPON SPRINGS, FL 34689			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			
Filing Fee is \$61.25 Due by May 1, 2004		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	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NORPLEET, SUNNY		NAME	NOR FLEET, Sunny			
STREET ADDRESS	1289 S. DISSTON AVENUE		STREET ADDRESS	1309 VERMONT AVE			
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TUCKER, THOMAS		NAME				
STREET ADDRESS	1289 S. DISSTON AVE.		STREET ADDRESS				
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TUCKER, SRAR		NAME	TUCKER, SARA			
STREET ADDRESS	1289 S. DISSTON AVENUE		STREET ADDRESS				
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARLON, BOB		NAME				
STREET ADDRESS	1389 CRESENT COURT		STREET ADDRESS				
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SLEMS, RICHARD		NAME	SLEMS, RICHARD			
STREET ADDRESS	208 HOLLOW OAK COURT		STREET ADDRESS				
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: <u>Sara L Tucker</u>		SARA L TUCKER		4/26/04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date			
				Daytime Phone #			
				727-937-5935			