


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

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

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

DOCUMENT # 746696						
1. Entity Name OAKLEAF VILLAGE HOMEOWNER'S ASSOCIATION, INC.						
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 59-2047945		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
TUCKER, THOMAS 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		Signature, typed or printed name of registered agent and title if applicable. (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	SIEMS, 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> <u>SARA L TUCKER</u>		Date		Daytime Phone #		
		4/26/04		727-937-5935		