2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 746696

1. Entity Name
OAKLEAF VILLAGE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 75 TARPON SPRINGS, FL 34689 US	PO BOX 75 TARPON SPRINGS, FL 34688-0075 US

05012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2047945
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TUCKER, THOMAS
1289 S. DISSTON AVENUE
TARPON SPRINGS, FL 34689

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	NORFLEET, SUNNY
STREET ADDRESS	1309 VERMONT AVE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	PD
NAME	TUCKER, THOMAS
STREET ADDRESS	1289 S. DISSTON AVE.
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	TD
NAME	TUCKER, SARA
STREET ADDRESS	1289 S. DISSTON AVENUE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	VD
NAME	SEEMS, RICHARD
STREET ADDRESS	208 HOLLOW OAK COURT
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/05-80111-005 61.25

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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: Thomas Tucker - President 4.28.05 727.937.5935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #