


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # 746696
 1. Entity Name
OAKLEAF VILLAGE HOMEOWNER'S ASSOCIATION, INC.



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

DO NOT WRITE IN THIS SPACE



03242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2047945	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

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

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 04/05/07-80046-021 61.25

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:  **3/23/07** **727-458-9413**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #