


**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      Applied For  
**59-2047945**      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**

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE IN THIS SPACE**

U00000633537  
 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 #