

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746696

FILED  
May 05, 2008  
Secretary of State

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

**Current Principal Place of Business:**

PO BOX 75  
TARPON SPRINGS, FL 34689 US

**New Principal Place of Business:**

1289 S. DISSTON AVENUE  
TARPON SPRINGS, FL 34689 US

**Current Mailing Address:**

PO BOX 75  
TARPON SPRINGS, FL 346880075 US

**New Mailing Address:**

PO BOX 75  
TARPON SPRINGS, FL 34689 US

FEI Number: 59-2047945      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: NORFLEET, SUNNY  
Address: 1309 VERMONT AVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: PD ( ) Delete  
Name: TUCKER, THOMAS  
Address: 1289 S. DISSTON AVE.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TD ( ) Delete  
Name: TUCKER, SARA  
Address: 1289 S. DISSTON AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VD ( ) Delete  
Name: SIEMS, RICHARD  
Address: 208 HOLLOW OAK COURT  
City-St-Zip: TARPON SPRINGS, FL 34689

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUNNY NORFLEET

SD

05/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date