

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746696

FILED
Aug 14, 2009
Secretary of State

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

Current Principal Place of Business:

1289 S. DISSTON AVENUE
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 75
TARPON SPRINGS, FL 34689 US

New Mailing Address:

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

08/14/2009

Electronic Signature of Signing Officer or Director

_____ Date