

**2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 746696

**FILED**  
**Aug 17, 2011**  
**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 ( )**

**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:**

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

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: THOMAS N. TUCKER      08/17/2011  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: COPPERMAN, SHIRLEY  
Address: 210 VERMONT AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: THOMAS N TUCKER      PD      08/17/2011  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date