


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2008 8:00 am
Secretary of State

07-30-2008 90028 047 ****61.25

DOCUMENT # 767433					
1. Entity Name OAKLEE GROVE CONDOMINIUM ASSOCIATION INC.					
Principal Place of Business 400 EAST VINE STREET INVERNESS, FL 34450 US			Mailing Address 400 EAST VINE STREET INVERNESS, FL 34450 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2891513	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MADDEN, JESSE 536 SAN REMO CIRCLE INVERNESS, FL 34450			7. Name and Address of New Registered Agent Name <u>Janet Cyr-Holm</u> Street Address (P.O. Box Number is Not Acceptable) <u>311 W Main St</u> City <u>Inverness</u> <u>FL</u> Zip Code <u>34450</u>		
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 <u>Janet Cyr-Holm</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>7/28/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MADDEN, JESSE 536 SAN REMO CIRCLE INVERNESS, FL 34450	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAGE, DONALD R 530 SAN REMO CIRCLE INVERNESS, FL 34450	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SLEEP, MARTHA 534 LAS PALMAS PT. INVERNESS, FL 34450	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Sec Mark, Faye 504 Las Palmas Pt Inverness FL 34450	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Treas Sleep, Martha 534 San Remo Circle Inverness, FL 34450	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Sec Mark, Faye 504 Las Palmas Pt Inverness FL 34450	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Sec Mark, Faye 504 Las Palmas Pt Inverness FL 34450	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Sec Mark, Faye 504 Las Palmas Pt Inverness FL 34450	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 <u>Martha Sleep</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>7/28/08</u> Daytime Phone # <u>352-860-0240</u>		