

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767433

FILED
Apr 13, 2009
Secretary of State

Entity Name: OAKLEE GROVE CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

400 EAST VINE STREET
INVERNESS, FL 34450 US

New Principal Place of Business:

311 W MAIN ST
INVERNESS, FL 34450 US

Current Mailing Address:

400 EAST VINE STREET
INVERNESS, FL 34450 US

New Mailing Address:

FEI Number: 59-2891513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CYR-HOLM, JANET
311 W MAIN ST
INVERNESS, FL 34450 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: VPT () Delete
Name: SLEEP, MARTHA
Address: 534 SAN REMO CIRCLE
City-St-Zip: INVERNESS, FL 34450

Title: VPS () Delete
Name: MARK, FAYE
Address: 504 LAS PALMAS PT
City-St-Zip: INVERNESS, FL 34450

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change () Addition
Name: SLEEP, MARTHA
Address: 534 SAN REMO CIRCLE
City-St-Zip: INVERNESS, FL 34450

Title: VP/S (X) Change () Addition
Name: MARK, FAYE
Address: 504 LAS PALMAS PT
City-St-Zip: INVERNESS, FL 34450

Title: DIR () Change (X) Addition
Name: GURROLA, RUDOLPH
Address: 1537 LYNCHBURG LOOP
City-St-Zip: THE VILLAGES, FL 32162

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: MARTHA SLEEP

P/T

04/13/2009

Electronic Signature of Signing Officer or Director

Date