FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 15 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769684 (2)

1. Corporation Name
OAKLEAF HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2 MASTIC COURT WEST P.O. BOX 4530 HOMOSASSA FL 32646	2 MASTIC COURT WEST P.O. BOX 4530 HOMOSASSA FL 32646

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/03/1983
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2685687 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

COOLEY, RUSSELL E.
2 MASTIC COURT WEST
HOMOSASSA FL 32646

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	SHIRIKIAN, STEPHEN P	1.2 NAME		
STREET ADDRESS	62 BYRSONIMA CIRCLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL	1.4 CITY-ST-ZIP		
TITLE	STD	2.1 TITLE	STD	☐ Change ☒ Addition
NAME	~~BURKE, JEAN~~	2.2 NAME	SKINNER, ERLEEN	
STREET ADDRESS	~~38 S MASTERS DR~~	2.3 STREET ADDRESS	34 S MASTERS DR	
CITY-ST-ZIP	~~HOMOSASSA FL~~	2.4 CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE	~~VD~~	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	RAHMAN, GEORGE	3.2 NAME		
STREET ADDRESS	50 BYRSONIMA CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL	3.4 CITY-ST-ZIP		
TITLE	~~VD~~	4.1 TITLE	VD	☐ Change ☒ Addition
NAME	~~HILL, RICHARD~~	4.2 NAME	RAY, ALBERT	
STREET ADDRESS	~~20 S MASTERS DR~~	4.3 STREET ADDRESS	12 S MASTERS DR	
CITY-ST-ZIP	~~HOMOSASSA FL~~	4.4 CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	GARVICK, ROLF	5.2 NAME		
STREET ADDRESS	18 S MASTERS DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Erleen S. Skinner 3/9/95 904-382-8200
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
ERLEEN SKINNER, SECRETARY/TREASURER

6004035