FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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~~

3. Date Incorporated or Qualified: **08/03/1983**
3a. Date of Last Report: **03/15/1995**

2. Principal Place of Business	2a. Mailing Address
21 7165 W International Ct.	26 7165 W International Ct.
22 Suite, Apt #, etc.	27 Suite, Apt. #, etc.
23 Homosassa, FL	28 Homosassa, FL
24 Zip 34446 / 25 Country USA	29 Zip 34446 / 30 Country USA

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 Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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	~~VD~~	☐ DELETE	1.1 TITLE	PD	☒ 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	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SKINNER, ERLEEN		2.2 NAME		
STREET ADDRESS	36 S MASTERS DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL		2.4 CITY-ST-ZIP		
TITLE	~~PD~~	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~RAHMAN, GEORGE~~		3.2 NAME	FRENCH, RUTH	
STREET ADDRESS	~~50 BYRSONIMA CIRCLE~~		3.3 STREET ADDRESS	36 Byrsonima Circle	
CITY-ST-ZIP	~~HOMOSASSA FL~~		3.4 CITY-ST-ZIP	Homosassa, FL	
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RAY, ALBERT		4.2 NAME		
STREET ADDRESS	12 S MASTERS DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL		4.4 CITY-ST-ZIP		
TITLE	~~VD~~	☐ DELETE	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~GARVICK, ROLF~~		5.2 NAME	McAdams, Joseph	
STREET ADDRESS	~~18 S MASTERS DRIVE~~		5.3 STREET ADDRESS	3 W Winged Foot Ct.	
CITY-ST-ZIP	~~HOMOSASSA FL~~		5.4 CITY-ST-ZIP	Homosassa, FL	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: _____ 904-382-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #