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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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
7165 W. INTERNATIONAL CT. P.O. BOX 4530 HOMOSASSA FL 34446 US	7165 W. INTERNATIONAL CT. P.O. BOX 4530 HOMOSASSA FL 34446-4557 US

3. Date Incorporated or Qualified: 06/03/1983
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

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	~~PD~~	☒ DELETE	1.1 TITLE		☐ 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	38 S MASTERS DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FRENCH, RUTH		3.2 NAME		
STREET ADDRESS	36 BYRSONIMA CIR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL		3.4 CITY-ST-ZIP		
TITLE	~~VD~~	☐ DELETE	4.1 TITLE	PD	☒ 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		☐ Change ☐ Addition
NAME	MCADAMS, JOSEPH		5.2 NAME		
STREET ADDRESS	3 W. WINGEDFOOT CT.		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	VD	☐ Change ☒ Addition
NAME			6.2 NAME	NELSON, HARLEY	
STREET ADDRESS			6.3 STREET ADDRESS	24 MASTERS DR S	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	HOMOSASSA FL	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Eileen Skinner REQUIRED 1/10/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0065211