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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 24 1997 8:00am

3a. Date of Last Report

Daytime Phone # 0085211

3. Date Incorporated or Qualified

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place of Business

7165 W. INTERNATIONAL CT.

P.O. BOX 4530 HOMOSASSA FL 34446 769684

(2)

Mailing Address

P.O. BOX 4530

7165 W. INTERNATIONAL CT.

HOMOSASSA FL 34446-4557

## OAKLEAF HOMEOWNERS ASSOCIATION, INC.

9. Name and Address of Current Registered Agent  COOLEY, RUSSELL E. 2 MASTIC COURT WEST HOMOSASSA FL 32646  11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, to office or registered agent, or both, in the State of Florida. Such change was authoragent. I am familiar with, and accept the obligations of, Section 617 0503, Florida SIGNATURE  Signature, typed or printed name of registered agent and title I applicable. (NOTE Reg.  12. OFFICERS AND DIRECTORS  TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE STD DELETE SKINNER, ERLEEN 38 S MASTERS DR	orized by a Statutes  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-S  2.1 TITLE	City s-named corporation the corporation ni signature require	6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for in Florida Statutes  10. Name and Address of New Regl  ess (P.O. Box Number is Not Acceptable  oration submits this statement for the pu	tangible tax Yes N Istered Ager  FL  8  rpose of cha the appointr  DATE  RS AND DIF	Not 8.75 A Fee Rec \$5.00 I Added to under s. o nt	Autred May Be Diffees 199.032, Code Code Cregistered Cogistered
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NAME SKINNER, ERLEEN STREET ADDRESS 36 S MASTERS DR				[ ]		Addition
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HOUGGEOL FL	2.2 NAME					
	2.3 STREET					
	2. 4 CITY-	ST-ZIP			01	1 1 1 1 1 1 1 1
	3.1 TITLE				Change	Addition Addition
	3.2 NAME	-				
	3.3 STREET	ADDRESS				
city-st-zip HOMOSASSA FL	3.4. CITY-5	ST-ZIP				
· · ·	4.1 TITLE	Pt	D	<b>[X</b> ]	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-S	T-ZIP				
TITLE <b>VD</b> DELETE	5.1 TITLE				Change	Addition
NAME MCADAMS, JOSEPH	5.2 NAME	1				
STREET ADDRESS 3 W. WINGEDFOOT CT.	5.3 STREET	ADDRESS				
11011001001 51	5.4 CITY-S	T-ZIP				
	6.1 TITLE	VI	<del></del>		Change	Addition
NAME	6.2 NAME	] NI	ELSON, HARLEY		-	
STREET ADDRESS	6.3 STREET		4 MASTERS DR S			
	6.4 CITY - S	114	OMOSASSA FL			
CITY-ST-2IP  14. I do hereby certify that the information supplied with this filing does not qualify for				I further cer	tify that t	he
information indicated on this annual report or supplemental annual report is true at a man officer or director of the corporation or the receiver or trustee empowered	and accu			effect as if m	nade und	ier oath; tha