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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 US

3. Date Incorporated or Qualified: 08/03/1983

4. FEI Number: 59-2685687 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

City & State (23) / City & State (28)

Zip (24) Country (25) / Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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: HARVEY B. HOFFMAN
82 Street Address (P.O. Box Number is Not Acceptable): 7165 International Ct. W.
83
84 City: Homosassa FL 85 Zip Code: 34446

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: Harvey B Hoffman 4-7-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☒ DELETE	1.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	SKINNER, ERLEEN		1.2 NAME	MARION MOLITOR	
STREET ADDRESS	36 S MASTERS DR		1.3 STREET ADDRESS	295 Masters Dr.	
CITY-ST-ZIP	HOMOSASSA FL		1.4 CITY-ST-ZIP	Homosassa FL	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FRENCH, RUTH		2.2 NAME		
STREET ADDRESS	36 BYRSONIMA CIR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RAY, ALBERT		3.2 NAME		
STREET ADDRESS	12 S MASTERS DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCADAMS, JOSEPH		4.2 NAME		
STREET ADDRESS	3 W. WINGEDFOOT CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, HARLEY		5.2 NAME		
STREET ADDRESS	24 MASTERS DR S		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL		5.4 CITY-ST-ZIP		
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		

14. I 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: Harvey B Hoffman 4-7-98 352-382-2440

CR2E037 (10/97)