SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 19, 1999 8:00 am
Secretary of State
07-19-1999 90013 043 ****61.25

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DOCUMENT # 769684

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/03/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2685687 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HOFFMAN, HARVEY B
7165 INTERNATIONAL CT. W.
HOMOSASSA FL 34446

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: Harvey B. Hoffman Harvey B Hoffman 7-14-99
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		☐ Change ☐ Addition
NAME	MOLITOR, MARION		1.2 NAME		
STREET ADDRESS	29 S MASTERS DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	~~FRENCH, RUTH~~		2.2 NAME	Ray Wells	
STREET ADDRESS	~~38 BYRSONIMA CIR.~~		2.3 STREET ADDRESS	1 Winged Ft. Ct. West	
CITY-ST-ZIP	~~HOMOSASSA FL~~		2.4 CITY-ST-ZIP	Homosassa, FL 34446	
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	VD	☐ Change ☒ Addition
NAME	~~MCADAMS, JOSEPH~~		4. 2 NAME	Harold Layman	
STREET ADDRESS	~~3 W. WINGEDFOOT~~ CT.		4.3 STREET ADDRESS	30 Masters Dr. South	
CITY-ST-ZIP	~~HOMOSASSA FL~~		4.4 CITY-ST-ZIP	Homosassa, FL 34446	
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		

CR2E037 (5/99)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 7-14-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #