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NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State
03-11-2002 90076 019 ****61.25

DOCUMENT # 769684

1. Entity Name
OAKLEAF HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

24446

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2. Principal Place of Business	3. Mailing Address
there is NO principal place of business	P.O. Box 1916
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Homosassa Springs, FL
Zip / Country	Zip: 34447 / Country: USA

4. FEI Number: 59-268 5687 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Dorothy Lafferty

Street Address (P.O. Box Number is Not Acceptable): 3 Medinah Drive West

City: Homosassa **FL** Zip Code: 34446

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Dorothy K. Lafferty 4-5-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	Pres & Dir
NAME	Dan McCarthy
STREET ADDRESS	38 Byrsonima Circle
CITY-ST-ZIP	Homosassa FL 34446
TITLE	Vice Pres/Treas and Dir
NAME	Dorothy Lafferty
STREET ADDRESS	3 Medinah Drive West
CITY-ST-ZIP	Homosassa FL 34446
TITLE	Secretary & Dir
NAME	Marilynn Ray
STREET ADDRESS	12 Masters Drive S
CITY-ST-ZIP	Homosassa FL 34446
TITLE	Dir
NAME	Richard Hill
STREET ADDRESS	20 Masters Drive S
CITY-ST-ZIP	Homosassa FL 34446
TITLE	Dir
NAME	Eugene Askins
STREET ADDRESS	44 Masters Drive S
CITY-ST-ZIP	Homosassa FL 34446
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CR2E037B (12/01)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Dorothy K. Lafferty Treas. 2-25-02 352-382-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #