2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90021 001 ****61.25

DOCUMENT # 769684

1. Entity Name

OAKLEAF HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1916 HOMOSASSA SPRINGS FL 34447 US	P.O. BOX 1916 HOMOSASSA SPRINGS FL 34447 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

LAFFERTY, DOROTHY
3 MEDINAH DRIVE WEST
HOMOSASSA FL 34446

7. Name and Address of New Registered Agent

Name: Leanne Hadsell
Street Address (P.O. Box Number is Not Acceptable): 13 Dogwood Drive
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Leanne Hadsell 2-17-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCCARTHT, DAN 38 BYRSONIMA CIRCLE HOMOSASSA FL 34446	XXX Delete	Director Mary Patey 78 Byrsonima Cir Homosassa FL 34446	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD LAFFERTY, DOROTHY 3 MEDINAH DRIVE WEST HOMOSASSA FL 34446	XXX Delete	Secretary Marion Molitor 29 Masters Dr S Homosassa FL 34446	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RAY, MARILYN 12 MASTERS DRIVE S HOMOSASSA FL 34446	☐ Delete	President & Director	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ASKINS, EUGENE 44 MASTERS DR S HOMOSASSA FL 34446	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HECK, WILLIAM 4 MUIRFIELD CT W HOMOSASSA FL 34446	☐ Delete	Treas & Director	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marilyn J. Ray 2-23-04 352-382-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #