


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90017 002 \*\*\*\*61.25

<b>DOCUMENT # 769684</b>	
1. Entity Name <b>OAKLEAF HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>P.O. BOX 1916 HOMOSASSA SPRINGS FL 34447 US</b>	Mailing Address <b>P.O. BOX 1916 HOMOSASSA SPRINGS FL 34447 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  City & State	4. FEI Number <b>59-2685687</b>	Applied For <input type="checkbox"/> Not Applicable
Zip  Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent  <b>HADSELL, LEANNE 13 DOGWOOD DRIVE HOMOSASSA FL 34446</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATEY, MARY 78 BYRONIMA CIR HOMOSASSA FL 34446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>John Gregory, V.P. + Treas</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2 Muirfield Ct. W.</b> <b>HOMOSASSA FL 34446</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MOLITOR, MARION 29 MASTERS DR S HOMOSASSA FL 34446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HOWARD, KAY 5 MEDINAH HOMOSASSA FL 34446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STROBL, JOHN 31 MASTERS DR S HOMOSASSA FL 34446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Ned Davis, Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1 Muirfield Ct. W.</b> <b>HOMOSASSA FL 34446</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HECK, WILLIAM 4 MUIRFIELD CT W HOMOSASSA FL 34446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** \_\_\_\_\_ **3-26-07 352-382-1830**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #