


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90033 032 \*\*\*\*61.25

<b>DOCUMENT # N04000002158</b>					
<b>1. Entity Name</b> OAKWOOD LEON HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312			<b>Mailing Address</b> 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suites, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-1529336	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  EDDY, MARIE 7113 BEECH RIDGE TRAIL, STE 1 TALLAHASSEE, FL 32312			<b>7. Name and Address of New Registered Agent</b> Name <u>PATRICK F. RITCHIEY</u> Street Address (P.O. Box Number is Not Acceptable) <u>7113 BEECH RIDGE TRAIL, #1</u> City <u>TALLAHASSEE</u> FL <u>32312</u>		
<b>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.</b>					
SIGNATURE <u>PATRICK F. RITCHIEY, MANAGER</u> DATE <u>4/30/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAWS, STEPHEN C 8511 BULL HEADLEY RD, STE 200 TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	ANISON RILEY 3149 ALLISON MARIE CT TALLAHASSEE, FL 32304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBERTS, STEPHEN 8511 BULL HEADLEY RD, STE 200 TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete	TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	DAVID SMITH 3201 ALLISON MARIE CT TALLAHASSEE, FL 32304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAYSON, SEDITA 8511 BULL HEADLEY RD, STE 200 TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete	TITLE TR STD NAME STREET ADDRESS CITY-ST-ZIP	DOUGLAS HILDEMAN 3202 ALLISON MARIE CT TALLAHASSEE, FL 32304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b>					
SIGNATURE: <u>PATRICK F. RITCHIEY MANAGER</u> DATE <u>4/30/07</u> DAYTIME PHONE # <u>850.841.4690</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					