2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N05000003735

Entity Name: OAKLEAF HAMMOCK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683

New Principal Place of Business:

2870 SCHERER DRIVE N
100
ST PETERSBURG, FL 33716

Current Mailing Address:

3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683

New Mailing Address:

2870 SCHERER DRIVE N
100
ST PETERSBURG, FL 33716

FEI Number: 20-4513077 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANSON, JACK B
MELROSE-SOVEREIGN COMPANIES
3527 PALM HARBOR BLVD.
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

STERLING MANAGEMENT SERVICES
2870 SCHERER DRIVE N
100
ST PETERSBURG, FL 33617 US

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: BARBARA H. MATHEWS 04/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GIBBONS, BOB
Address: 255 PINE AVE., NORTH
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete
Name: FONTANA, JOSEPH
Address: 255 PINE AVE., NORTH
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete
Name: SHARP, DON
Address: 255 PINE AVE., NORTH
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GIBBONS, BOB
Address: 9426 CAMDEN FIELD PARKWAY
City-St-Zip: RIVERVIEW, FL 33578

Title: DP (X) Change ( ) Addition
Name: HUFF, KEVIN D
Address: 9426 CAMDEN FIELD PARKWAY
City-St-Zip: RIVERVIEW, FL 33578

Title: DST (X) Change ( ) Addition
Name: SHARP, DON
Address: 9426 CAMDEN FIELD PARKWAY
City-St-Zip: RIVERVIEW, FL 33578

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN D. HUFF DP 04/13/2009
Electronic Signature of Signing Officer or Director Date