2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# N05772

Entity Name: THE OAKS OF LEESBURG CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

903 BELLE OAK DRIVE
P. O. BOX 491473
LEESBURG, FL 347498473

New Principal Place of Business:

Current Mailing Address:

903 BELLE OAK DRIVE
P. O. BOX 491473
LEESBURG, FL 347498473

New Mailing Address:

FEI Number: 59-2542636 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORDES, BARBARA
903 BELLE OAK DRIVE
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CORDES, BARBARA
Address: 903 BELLE OAK DRIVE
City-St-Zip: LEESBURG, FL 34748

Title: PD ( ) Delete
Name: NORVELL, MICHAEL
Address: 918 BELLE OAK DR.
City-St-Zip: LEESBURG, FL 34748

Title: VPD ( ) Delete
Name: PROSCIA, DONALD
Address: 901 BELLE OAK DR
City-St-Zip: LEESBURG, FL 34748

Title: D ( ) Delete
Name: BITSOIS, PATRICIA
Address: 800 MCKENZIE LN
City-St-Zip: LEESBURG, FL 34748

Title: TS ( ) Delete
Name: SIMONS, JAMES F
Address: 806 MCKENZIE LANE
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PARKS, DONNA M
Address: 1200 WATERFORD DR
City-St-Zip: LEESBURG, FL 34748

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JAMES F SIMONS TS 01/17/2009
Electronic Signature of Signing Officer or Director — Date