

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17420

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** OAKLEAF CLUSTER HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

28100 US HWY 19 N  
SUITE 305  
CLEARWATER, FL 33761 US

**New Principal Place of Business:**

**Current Mailing Address:**

28100 US HWY 19 N  
SUITE 305  
CLEARWATER, FL 33761 US

**New Mailing Address:**

**FEI Number:** 59-3110052

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RESOURCE PROP MGT, INC  
28100 US HWY 19N, STE 305  
CLEARWATER, FL 33761 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: DT ( ) Delete  
Name: DAVIS, STEWART  
Address: 401 E. CURLEW PLACE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DVP ( ) Delete  
Name: KLEBER, KATHY  
Address: 109 KATHLEEN COURT  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DP ( ) Delete  
Name: KRONK, DEBBIE  
Address: 101 KATHLEEN CT  
City-St-Zip: TARPON SPRINGS, FL 34689

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP/S (X) Change ( ) Addition  
Name: KLEBER, KATHY  
Address: 109 KATHLEEN COURT  
City-St-Zip: TARPON SPRINGS, FL 34689

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: DEBBIE KRONK

DP

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date