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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24623 (3)

1. Corporation Name
THE LEU OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O MRS. ALBERT L. JOHNSON
4506 LEUCADENDRA
SEBRING FL 33872

3. Date incorporated or Qualified 02/01/1988
3a. Date of Last Report 03/04/1996

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

4. FEI Number NOT APPLICABLE Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
JOHNSON, ALBERT L. MRS.
4506 LEUCADENDRA
SEBRING FL 33872

10. Name and Address of New Registered Agent
81 Name MILDRED T. JOHNSON
82 Street Address (P.O. Box Number is Not Acceptable) 4506 LEUCADENDRA
83
84 City SEBRING FL 85 Zip Code 33872

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD ONZE, ROBERT
NAME (P)
STREET ADDRESS 4502 LEUCADENDRA
CITY-ST-ZIP SEBRING FL
TITLE VD JOHNSON, ALBERT L.
NAME
STREET ADDRESS 4506 LEUCADENDRA
CITY-ST-ZIP SEBRING FL
TITLE STD JOHNSON, ALBERT L. MRS. (MILDRED T.)
NAME (D)
STREET ADDRESS 4506 LEUCADENDRA
CITY-ST-ZIP SEBRING FL
TITLE JOHN RHODDS
NAME (D)
STREET ADDRESS 4117 SANTIAGO
CITY-ST-ZIP SEBRING FL 33872

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE MILDRED T. SECY-TEARS
3.2 NAME MILDRED T. JOHNSON
3.3 STREET ADDRESS 4506 LEUCADENDRA
3.4 CITY-ST-ZIP SEBRING FL 33872
4.1 TITLE V. PRES.
4.2 NAME JOHN RHODDS
4.3 STREET ADDRESS 4117 SANTIAGO
4.4 CITY-ST-ZIP SEBRING FL 33872
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mildred T. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-97 941-471-0902
Date Daytime Phone # 0054431

CP2E037 (9/96)