

NONPROFIT CORPORATION ANNUAL REPORT 1999




FLORIDA DEPARTMENT OF STATE  
Katherine F. Brits  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N24623  
1. Corporation Name  
THE LEU OAKS HOMEOWNERS ASSOCIATION, INC.

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

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

90 MAR 22 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



9. Name and Address of Current Registered Agent  
JOHNSON, MILDRED T  
4506 LEUCADENDRA  
SEBRING FL 33872

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

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	<input type="checkbox"/> DELETE
NAME	ONZE, ROBERT	
STREET ADDRESS	4502 LEUCADENDRA	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RHOADS, JOHN	
STREET ADDRESS	4117 SANTIAGO	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	JOHNSON, MILDRED T	
STREET ADDRESS	4506 LEUCADENDRA	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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, with all other like empowered.

SIGNATURE: Mildred T. Johnson 7/4 3 1999 941-471-0902  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)