

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N24623

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



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

Mailing Address
 C/O MRS. ALBERT L. JOHNSON
 4506 LEUCADENDRA
 SEBRING, FL 33872



01242005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, MILDRED T
 4506 LEUCADENDRA
 SEBRING, FL 33872

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ONZE, ROBERT 4502 LEUCADENDRA SEBRING, FL 33872
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSON, MILDRED T 4506 LEUCADENDRA SEBRING, FL 33872
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VAN DER KAAY, RUTH G 4504 LEUCADENDRA SEBRING, FL 33872
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 02/14/05-80074-006 61.25

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

2/10/05
 Date

863-471-0902
 Daytime Phone #

(MILDRED T. JOHNSON)