


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90015 038 ****61.25

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	
2. Principal Place of Business C/O Patricia Johnson Suite, Apt. #, etc. 4506 LEUCADENDRA City & State SEBRING, FL Zip 33872 Country USA		3. Mailing Address C/O Patricia Johnson Suite, Apt. #, etc. 4506 LEUCADENDRA City & State SEBRING, FL Zip 33872 Country USA	
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		7. Name and Address of New Registered Agent Name PATRICIA JOHNSON Street Address (P.O. Box Number is Not Acceptable) 4506 LEUCADENDRA SEBRING City FL Zip Code 33872	
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: <i>Patricia Johnson</i> Signature, typed or printed name of registered agent and title if applicable.		DATE: <u>2/5/06</u> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ONZE, ROBERT 4502 LEUCADENDRA SEBRING, FL 33872	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSON, MILDRED T 4506 LEUCADENDRA SEBRING, FL 33872	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VAN DER KAAY, RUTH G 4504 LEUCADENDRA SEBRING, FL 33872	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Patricia Johnson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: <u>2/5/06</u> DAYTIME PHONE #: <u>863/385-2795</u>	

Patricia Johnson