


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N24623</b> 1. Entity Name THE LEU OAKS HOMEOWNERS ASSOCIATION, INC.	
---	---

Principal Place of Business C/O PATRICIA JOHNSON 4506 LEUCADENDRA SEBRING FL 33872	Mailing Address C/O PATRICIA JOHNSON 4506 LEUCADENDRA SEBRING FL 33872
---	---



2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State

1st MOORE      CR2E037 (10/07)

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> No; Applicable
---	--

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, PATRICIA 4506 LEUCADENDRA SEBRING FL 33872	Name  Street Address (P.O. Box Number is Not Acceptable)  City
---	--

	FL
	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-instating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD ONZE, ROBERT 4502 LEUCADENDRA SEBRING FL 33872
<input type="checkbox"/> Delete	
TITLE	STD JOHNSON, PATRICIA 4506 LEUCADENDRA SEBRING FL 33872
<input type="checkbox"/> Delete	
TITLE	VPD MARLER, WILLIAM S 4504 LEUCADENDRA SEBRING FL 33872
<input type="checkbox"/> Delete	
TITLE	
<input type="checkbox"/> Delete	
TITLE	
<input type="checkbox"/> Delete	
TITLE	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Patricia Johnson Patricia Johnson 1/31/08 863-385-2795