

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 17, 2009  
Secretary of State**

DOCUMENT# N24623

Entity Name: THE LEU OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O PATRICIA JOHNSON  
4506 LEUCADENDRA  
SEBRING, FL 33872

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PATRICIA JOHNSON  
4506 LEUCADENDRA  
SEBRING, FL 33872

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, PATRICIA  
4506 LEUCADENDRA  
SEBRING, FL 33872    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD                      ( ) Delete  
Name: ONZE, ROBERT,  
Address: 4502 LEUCADENDRA  
City-St-Zip: SEBRING, FL 33872

Title: STD                      ( ) Delete  
Name: JOHNSON, PATRICIA  
Address: 4506 LEUCADENDRA  
City-St-Zip: SEBRING, FL 33872

Title: VPD                      ( ) Delete  
Name: MARLER, WILLIAM S  
Address: 4504 LEUCADENDRA  
City-St-Zip: SEBRING, FL 33872

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA JOHNSON

STD

02/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date