2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# N45998

Entity Name: OAK LEAFE OF HIGHLANDS COUNTY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6096 OAK LEAFE CIRCLE
SEBRING, FL 33876 US

New Principal Place of Business:

Current Mailing Address:

6096 OAK LEAFE CIRCLE
SEBRING, FL 33876 US

New Mailing Address:

FEI Number: 58-1967362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUZZILLO, PETER E
6096 OAK LEAFE CIRCLE
SEBRING, FL 33876 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:	D	( ) Delete
Name:	HOFMAN, LOIS	
Address:	6030 OAK LEAFE CIRCLE	
City-St-Zip:	SEBRING, FL 33876	
Title:	D	( ) Delete
Name:	NICKELSON, J.M.	
Address:	6184 OAK LEAFE CIRCLE	
City-St-Zip:	SEBRING, FL 33876	
Title:	D	( ) Delete
Name:	BAILES, TIM	
Address:	6054 OAK LEAFE CIRCLE	
City-St-Zip:	SEBRING, FL 33876	
Title:	TREA	( ) Delete
Name:	HOFMAN, LOIS	
Address:	6039 OAK LEAFE CIRCLE	
City-St-Zip:	SEBRING, FL 33876	
Title:	PRES	( ) Delete
Name:	HELTON, JAMES M	
Address:	6048 OAK LEAFE CIRCLE	
City-St-Zip:	SEBRING, FL 33876	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PRES	(X) Change ( ) Addition
Name:	NICKELSON, J M	
Address:	6184 OAK LEAFE CIRCLE	
City-St-Zip:	SEBRING, FL 33876	
Title:	SEC	( ) Change (X) Addition
Name:	MUZZILLO, THAIS A	
Address:	6096 OAK LEAFE CIRCLE	
City-St-Zip:	SEBRING, FL 33876	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THAIS A. MUZZILLO SEC. 04/14/2005

Electronic Signature of Signing Officer or Director — Date