


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 26, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90245 029 \*\*\*\*61.25

<b>DOCUMENT # N45998</b> 1. Entity Name <b>OAK LEAF OF HIGHLANDS COUNTY HOMEOWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business <b>6096 OAK LEAF CIRCLE SEBRING, FL 33876 US</b>	Mailing Address <b>6096 OAK LEAF CIRCLE SEBRING, FL 33876 US</b>
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**66020615**



**DO NOT WRITE IN THIS SPACE**

01202006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>58-1967362</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**MUZZILLO, PETER E  
6096 OAK LEAF CIRCLE  
SEBRING, FL 33876**

**DO NOT WRITE  
IN THIS SPACE**

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 reissuing) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

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


**10. OFFICERS AND DIRECTORS**

TITLE <b>D</b>	NAME <b>HOFMAN, LOIS</b>	STREET ADDRESS <b>6030 OAK LEAF CIRCLE</b>	CITY-STATE-ZIP <b>SEBRING, FL 33876</b>
TITLE <b>D</b>	NAME <b>NICKELSON, J.M.</b>	STREET ADDRESS <b>6184 OAK LEAF CIRCLE</b>	CITY-STATE-ZIP <b>SEBRING, FL 33876</b>
TITLE <b>D</b>	NAME <b>BAILES, TIM</b>	STREET ADDRESS <b>6054 OAK LEAF CIRCLE</b>	CITY-STATE-ZIP <b>SEBRING, FL 33876</b>
TITLE <b>TREA</b>	NAME <b>HOFMAN, LOIS</b>	STREET ADDRESS <b>6039 OAK LEAF CIRCLE</b>	CITY-STATE-ZIP <b>SEBRING, FL 33876</b>
TITLE <b>PRES</b>	NAME <b>NICKELSON, J M</b>	STREET ADDRESS <b>6184 OAK LEAF CIRCLE</b>	CITY-STATE-ZIP <b>SEBRING, FL 33876</b>
TITLE <b>SEC</b>	NAME <b>MUZZILLO, THAIS A</b>	STREET ADDRESS <b>6096 OAK LEAF CIRCLE</b>	CITY-STATE-ZIP <b>SEBRING, FL 33876</b>

**DO NOT WRITE  
IN THIS SPACE**

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 **6/20/06**  
DATE Daytime Phone #