

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45998

FILED
Apr 20, 2009
Secretary of State

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

Current Principal Place of Business:

6172 OAK LEAFE CIRCLE
SEBRING, FL 33876 US

New Principal Place of Business:

Current Mailing Address:

6172 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: P () Delete
Name: ROBB, GORDON
Address: 6172 OAK LEAFE CIRCLE
City-St-Zip: SEBRING, FL 33876

Title: VP () Delete
Name: ODIERNO, LESLIE
Address: 7708 BIG MAC DRIVE
City-St-Zip: SEBRING, FL 33876

Title: S () Delete
Name: BAILES, JESSICA
Address: 6054 OAK LEAFE CIRCLE
City-St-Zip: SEBRING, FL 33876

Title: T (X) Delete
Name: SNELLING, CORRINE
Address: 6006 OAK LEAFE CIRCLE
City-St-Zip: SEBRING, FL 33876

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: CEBULA, PETE
Address: 6048 OAK LEAFE CIRCLE
City-St-Zip: SEBRING, FL 33876

Title: S (X) Change () Addition
Name: CEBULA, MARY
Address: 6048 OAK LEAFE CIRCLE
City-St-Zip: SEBRING, FL 33876

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: GORDON ROBB

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date