

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90101 005 \*\*\*\*61.25

<b>DOCUMENT # N94000001750</b>					
<b>1. Entity Name</b> OAKLEAF HOMEOWNERS ASSOCIATION NO. 1, INC.					
<b>Principal Place of Business</b> 4983 RINGLING BLVD SARASOTA, FL 34235			<b>Mailing Address</b> 4983 RINGLING BLVD SARASOTA, FL 34235		
<b>2. Principal Place of Business</b> 5037 Ringwood Meadow Suite, Apt. #, etc. - B		<b>3. Mailing Address</b> 5037 Ringwood Meadow Suite, Apt. #, etc. B		02232005    Chg-NP    CR2E037 (10/03)	
<b>City &amp; State</b> SARASOTA FL		<b>City &amp; State</b> SARASOTA, FL		<b>4. FEI Number</b> 65-0510139	
<b>Zip</b> 34235		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PAMI MANAGEMENT INC 4000 RINGWOOD MEADOW SARASOTA, FL 34235			<b>7. Name and Address of New Registered Agent</b> Name: PAMI Management, Inc. Street Address (P.O. Box Number is Not Acceptable): City: FL    Zip Code:		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$81.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> WHITE, PAUL <b>STREET ADDRESS</b> 4738 OLD FARM ROAD <b>CITY-ST-ZIP</b> SARASOTA, FL 34233	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DV <b>NAME</b> Reynolds, PAM <b>STREET ADDRESS</b> 4766 OLD FARM RD. <b>CITY-ST-ZIP</b> SARASOTA, FL 34233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DV <b>NAME</b> ELSISHANS, RICARD <b>STREET ADDRESS</b> 4933 OLD CREEK ROAD <b>CITY-ST-ZIP</b> SARASOTA, FL 34233	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> HLAVACH, CHUCK <b>STREET ADDRESS</b> 4742 OLD FARM RD <b>CITY-ST-ZIP</b> SARASOTA, FL 34233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> YATES, GERALD <b>STREET ADDRESS</b> 4905 OLD CREEK DRIVE <b>CITY-ST-ZIP</b> SARASOTA, FL 34233	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> YATES, GERALD <b>STREET ADDRESS</b> 4905 OLD CREEK DRIVE <b>CITY-ST-ZIP</b> SARASOTA, FL 34233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> ARONIN, PETER <b>STREET ADDRESS</b> 4734 OLD FARM RD <b>CITY-ST-ZIP</b> SARASOTA, FL 34233	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> MASTERS, JOHN <b>STREET ADDRESS</b> 4923 OLD OAKLEAF DR. <b>CITY-ST-ZIP</b> SARASOTA, FL 34233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> PANIK, PAUL <b>STREET ADDRESS</b> 4750 OLD FARM RD <b>CITY-ST-ZIP</b> SARASOTA, FL 34233	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> PANIK, PAUL <b>STREET ADDRESS</b> 4750 OLD FARM RD. <b>CITY-ST-ZIP</b> SARASOTA, FL 34233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
<b>SIGNATURE:</b>			4/15/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SINGING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		