

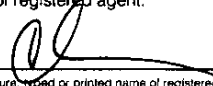



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90005 014 \*\*\*\*61.25

<b>DOCUMENT # N96000002588</b>					
<b>1. Entity Name</b> <b>BLUE LEAF CONDOMINIUM ASSOCIATION, INC.</b>					
<b>Principal Place of Business</b> 2603 SE 17TH ST., STE. B OCALA, FL 34471			<b>Mailing Address</b> 2603 SE 17TH ST. #B OCALA, FL 34471 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 2201 SE 30th Avenue		<b>3. Mailing Address</b> 2201 SE 30th Avenue			
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201			
City & State Ocala FL		City & State Ocala FL			
Zip 34471		Zip 34471			
Country USA		Country USA		01072008 Chg-NP CR2E037 (12/06)	
<b>4. FEI Number</b> 59-2648651				Applied For Not Applicable	
<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> WIECHENS, CHRISTOPHER 2603 SE 17TH ST., STE. A OCALA, FL 34471				<b>7. Name and Address of New Registered Agent</b> Name: Wiechens, Christopher S. Street Address (P.O. Box Number is Not Acceptable): 2201 SE 30th Avenue Suite 201 City: Ocala, FL FL Zip Code: 34471	
<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: 		Christopher S. Wiechens		1/8/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIECHENS, SANDON 2603 SE 17TH ST. STE. A OCALA, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERMAN, WALTER R 2603 SE 17TH ST., STE. B OCALA, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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.</b>					
<b>SIGNATURE:</b> 		Christopher S. Wiechens		1/8/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 352-622-3214	