

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45998

Entity Name: OAK LEAFE OF HIGHLANDS COUNTY HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**6154 OAK LEAFE CIRCLE
SEBRING, FL 33876**Current Mailing Address:**P.O. BOX 34
LORIDA, FL 33857 US**FEI Number: 58-1967362****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARSH, TROY
6048 OAK LEAFE CIRCLE
SEBRING, FL 33876 US*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:** TROY MARSH**03/20/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	SHATNEY, PATRICK P
Address	6196 OAK LEAFE CIRCLE
City-State-Zip:	SEBRING FL 33876

Title	SECRETARY
Name	WILSON, JUDY
Address	6160 OAK LEAFE CIRCLE
City-State-Zip:	SEBRING FL 33876

Title	TREASURER
Name	VOLPE, HERBERT
Address	6006 OAK LEAFE CIRCLE
City-State-Zip:	SEBRING FL 33876

Title	VP
Name	LUECK, GARY
Address	6172 OAK LEAFE CIRCLE
City-State-Zip:	SEBRING FL 33876

Title	PRESIDENT
Name	MARSH, TROY
Address	6154 OAK LEAFE CIRCLE
City-State-Zip:	SEBRING FL 33876

I hereby 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 all other like empowered.

SIGNATURE: TROY MARSH**PRESIDENT****03/20/2024**

Electronic Signature of Signing Officer/Director Detail

Date