

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Norman  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 17 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **759723** (0)  
1. Corporation Name  
**OAKHURST AT LEESBURG CONDOMINIUM ASSOCIATION, IN C.**

Principal Place of Business Mailing Address  
**707 A-1 PERKINS STREET** **707 A-1 PERKINS STREET**  
**P.O. BOX 491113** **P.O. BOX 491113**  
**LEESBURG FL 34749** **LEESBURG FL 34749**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/20/1981</b>	3a. Date of Last Report <b>04/12/1994</b>
4. FEI Number <b>59-2349910</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**DUGGAN, J ROBERT**  
**1029 WEST MAGNOLIA STREET**  
**LEESBURG FL 34748**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>RACZKOWSKI, HENRY</b>
STREET ADDRESS	<b>1034 W. DIXIE HWY.</b>
CITY - ST - ZIP	<b>LEESBURG FL</b>
TITLE	<b>VD</b>
NAME	<b>PURCELL, REID</b>
STREET ADDRESS	<b>1066 W. MORSE BLVD.</b>
CITY - ST - ZIP	<b>WINTER PARK FL</b>
TITLE	<b>STD</b>
NAME	<b>BRAXTON, E. ELIZABETH</b>
STREET ADDRESS	<b>9541 SILVER LAKE DR.</b>
CITY - ST - ZIP	<b>LEESBURG FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>4009 Eagle Ridge</b>
1.4 CITY - ST - ZIP	<b>Fruitland Park, Fl. 34731</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D</b>
2.3 STREET ADDRESS	<b>MC CRACKEN, Leonard E.</b>
2.4 CITY - ST - ZIP	<b>709-9 Perkins Street</b> <b>Leesburg, FL. 34748</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *E. Elizabeth Braxton* **E. Elizabeth Braxton** **4/12/95** **904 326-5091**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Section 19.226)