
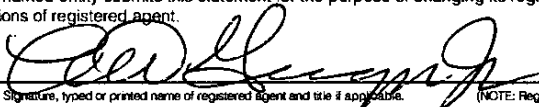



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90065 002 ****61.25

DOCUMENT # 759723			
1. Entity Name OAKHURST AT LEESBURG CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 707 PERKINS STREET LEESBURG, FL 34748 US		Mailing Address P.O. BOX 491113 LEESBURG, FL 34749-1113 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		214 B North 3rd Street	
City & State		Leesburg, FL 34748	
Zip	Country	Zip	Country
34748	US	34748	US
4. FEI Number		Applied For	
59-2349910		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DUGGAN, J ROBERT 1029 WEST MAGNOLIA STREET LEESBURG, FL 34748		Name L. D. Geiger, Jr. Street Address (P.O. Box Number is Not Acceptable) 214-B North Third Street City Leesburg, FL 34748	
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.			
SIGNATURE 		DATE 2-15-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETOH, BARRY	NAME	Leonard McCracken
STREET ADDRESS	705B-3 PERKINS STREET	STREET ADDRESS	709-9 Perkins Street
CITY-ST-ZIP	LEESBURG, FL 34748	CITY-ST-ZIP	Leesburg, FL 34748
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DZEINGEL, MARIE ANNA	NAME	Merrill Raybould
STREET ADDRESS	707A2 PERKINS STREET	STREET ADDRESS	709-1 Perkins Street
CITY-ST-ZIP	LEESBURG, FL 34748	CITY-ST-ZIP	Leesburg, FL 34748
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAXTON, E. ELIZABETH	NAME	Melva Peterson
STREET ADDRESS	9541 SILVER LAKE DR.	STREET ADDRESS	705B2 Perkins Street
CITY-ST-ZIP	LEESBURG, FL 34788	CITY-ST-ZIP	Leesburg, FL 34748
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, CLAUDIA	NAME	Joe Thompson
STREET ADDRESS	1106 MIZELL ROAD	STREET ADDRESS	709-4 Perkins Street
CITY-ST-ZIP	LEESBURG, FL 34748	CITY-ST-ZIP	Leesburg, FL 34748
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sue B Geiger	NAME	
STREET ADDRESS	214 B North Third Street	STREET ADDRESS	
CITY-ST-ZIP	Leesburg, FL 34748	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mabel Carroll	NAME	
STREET ADDRESS	707A6 Perkins Street	STREET ADDRESS	
CITY-ST-ZIP	Leesburg, FL 34748	CITY-ST-ZIP	
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.			
SIGNATURE: 		DATE 2/15/05 352-787-4101	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	