

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759723

**FILED**  
**Mar 19, 2014**  
**Secretary of State**  
**CC7175637056**

**Entity Name:** OAKHURST AT LEESBURG CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

701 PERKINS STREET  
LEESBURG, FL 34748

**Current Mailing Address:**

102 W BURLEIGH BLVD  
TAVARES, FL 32778 US

**FEI Number:** 59-2349910

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

FOWLER, MARIAN P  
102 W BURLEIGH BLVD  
TAVARES, FL 34432 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:** MARIAN P FOWLER

03/19/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name HUGHES, DUSTIN  
Address 715 PERKINS ST, #103  
City-State-Zip: LEESBURG FL 34748

Title VPD  
Name LITTLE, RICHARD  
Address 701 PERKINS STREET, #100  
City-State-Zip: LEESBURG FL 34748

Title STD  
Name STOLZ, DENISE  
Address 723 PERKINS STREET # 203  
City-State-Zip: LEESBURG FL 34748

Title D  
Name THOMPSON, JOSEPH  
Address 723 PERKINS STREET, #204  
City-State-Zip: LEESBURG FL 34748

*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:** DENISE K STOLZ

**SECRETARY**

03/19/2014

Electronic Signature of Signing Officer/Director Detail

Date