

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90075 023 ****61.25

0016490

DOCUMENT # 759723

1. Entity Name

OAKHURST AT LEESBURG CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**705B1 PERKINS STREET
LEESBURG FL 34748
US**

Mailing Address

**P.O. BOX 491113
LEESBURG FL 34749
US**

2. Principal Place of Business

707C1 Perkins Street

3. Mailing Address

707C1 Perkins St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Leesburg, FL 34748

City & State

Leesburg, FL 34748

4. FEI Number **59-2349910**

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DUGGAN, J ROBERT
1029 WEST MAGNOLIA STREET
LEESBURG FL 34748**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution.

\$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 checked="" type="checkbox"/> Delete
NAME	ACKERMANN, HANK	
STREET ADDRESS	705B4 PERKINS ST	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARNEY, LEONARD	
STREET ADDRESS	709-9 PERKINS ST	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PETOH, BARRY	
STREET ADDRESS	705B3 PERKINS ST	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARSHALL, CLAUDIA	
STREET ADDRESS	1106 MIZELL ROAD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hughes, Dustin	
STREET ADDRESS	707B1 Perkins St	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Little, Richard B.	
STREET ADDRESS	707A1 Perkins St	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stolz, Denise	
STREET ADDRESS	709-7 Perkins St	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **DENISE K. STOLZ** Denise K. Stolz

07-15-2003 352-787-3441

CR2E037 (4/03)