

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 06, 2009
Secretary of State**

DOCUMENT# N07000007730

Entity Name: OAKLEAF ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

449 CHRIS LN
MARY ESTHER, FL 32569 US

New Principal Place of Business:

Current Mailing Address:

449 CHRIS LN
MARY ESTHER, FL 32569 US

New Mailing Address:

FEI Number: 26-0710666 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FANN, DARRELL
449 CHRIS LANE
MARY ESTHER, FL 32569 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FANN, DARRELL
Address: 449 CHRIS LANE
City-St-Zip: MARY ESTHER, FL 32569

Title: VP D () Delete
Name: KELLUM, BRIAN
Address: 213 STEPHEN AVENUE
City-St-Zip: MARY ESTHER, FL 32569

Title: SD () Delete
Name: HULLETT, KIM M
Address: 447 CHRIS LN
City-St-Zip: MARY ESTHER, FL 32569

Title: TD () Delete
Name: FEIGHTNER, JOHN F IV
Address: 215 STEPHEN AVENUE
City-St-Zip: MARY ESTHER, FL 32569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DARRELL D. FANN

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date