

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90009 049 ****61.25

20061952

DOCUMENT # N17420 1. Entity Name OAKLEAF CLUSTER HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 701 ENTERPRISE ROAD SUITE 302 SAFETY HARBOR, FL 34695-5303 US		Mailing Address 701 ENTERPRISE ROAD SUITE 302 SAFETY HARBOR, FL 34695-5303 US	
2. Principal Place of Business 28100 US Hwy 19 N Suite, Apt. #, etc. 305		3. Mailing Address 28100 US Hwy 19 N Suite, Apt. #, etc. 305	
City & State Clearwater FL Zip 33761		City & State Clearwater, FL Zip 33761	
4. FEI Number 59-3110052		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA CENTRAL MANAGEMENT 2430 ESTANCIA BLVD. STE 114 CLEARWATER, FL 33761		7. Name and Address of New Registered Agent Name Resource Prop. Mgmt. Inc Street Address (P.O. Box Number is Not Acceptable) 28100 US Hwy 19 N, Ste. 305 City Clearwater FL Zip Code 33761	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 7, 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 NAME STREET ADDRESS CITY - ST - ZIP	STD <input type="checkbox"/> Delete DAVIS, STEWART 401 E. CARLEW PLACE TARPON SPRINGS, FL 34689	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PD Worrelle, Walter 110 Kathleen Ct. Tarpon Springs, FL 34689
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD <input type="checkbox"/> Delete WORNLE, WALTER 110 KATHLEEN COURT TARPON SPRINGS, FL 34689	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD Dorsey, Doug 111 Kathleen Ct. Tarpon Springs, FL 34689
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Delete WAUGH, JOHN 111 KATHLEEN COURT TARPON SPRINGS, FL 34689	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 6/28/05 Daytime Phone #	