## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # N17420  1. Entity Name OAKLEAF CLUSTER HOMEOWNERS ASSOCIATION, INC.						07-07-2005	5 90009 049 **	***61.25
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Principal Place of Business Mailing Address 701 ENTERPRISE ROAD 701 ENTERPRISE ROAD SUITE 302 SUITE 302								
	RBOR, FL 34695-5303 US	SAFETY HARBOR, FL 34	1695-5303 US					
98100	Place of Business Nwy 19 N	3. Mailing Address	Hwy 19	N				
Suite, Apt	65	Suite, Apt. #, etc.				hg-NP	CR2E037 (10/0	3)
City & Sta	EWATER &T	CENEWATER			4. FEI Number 59-311005	52		Applied For Not Applicable
3374	Country	33761	Country	-	5. Certificate of S		Fee Rec	Additional uired
	6. Name and Address of Current F	legistered Agent			7. Name and Add	ress of New Ro	egistered Agent	
FLORIDA CENTRAL MANAGÉMENT 2430 ESTANCIA BLVD. STE 114  Nano Street Addres				<del>SOU</del> dress (P	REE F O. Box Number is	Not Acceptable	Namt. I	عن
CLEARWATER, FL 33761				28100 115 Awy 19 11 Str. 305				
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8. The above the obliga	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or re	egistere	d agent, or both, in	the State of Flo	rida. I am familiar v	ith, and accept
,	( ) ali	<del>- </del> /						
SIGNATURE		_						
	Signature, typed or printed name of registered agent as							
	pignature, typed or printed name or registered agent at	nd title if applicable. (NOTE: F	Registered Agent signature	required w	then reinstating)		DATE	
	Filing Fee is \$61.25	9. Election Camp	paign Financing		5.00 May Be		ake check payab	
<b>D</b>		9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	Flori	ake check payab da Department o	f State
	Filing Fee is \$61.25 ue by September 7, 2005	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	Flori	ake check payab	f State S IN 10
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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: (2)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

6/28/05

Daytime Phone #