2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N17420

Entity Name: OAKLEAF CLUSTER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

28100 US HWY 19 N
SUITE 305
CLEARWATER, FL 33761 US

New Principal Place of Business:

28100 US HWY 19 N
SUITE 205
CLEARWATER, FL 33761 US

Current Mailing Address:

28100 US HWY 19 N
SUITE 305
CLEARWATER, FL 33761 US

New Mailing Address:

28100 US HWY 19 N
SUITE 205
CLEARWATER, FL 33761 US

FEI Number: 59-3110052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RESOURCE PROP MGT, INC
28100 US HWY 19N, STE 305
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

RESOURCE PROP MGT, INC
28100 US HWY 19N, STE 205
CLEARWATER, FL 33761 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: _____ 04/13/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DT ( ) Delete
Name: DAVIS, STEWART
Address: 401 E. CURLEW PLACE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP/S ( ) Delete
Name: KLEBER, KATHY
Address: 109 KATHLEEN COURT
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DP ( ) Delete
Name: KRONK, DEBBIE
Address: 1O1 KATHLEEN CT
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: KRONK, DEBBIE
Address: 1O1 KATHLEEN CT
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DVP (X) Change ( ) Addition
Name: DAVIS, STEWART
Address: 401 E. CURLEW PLACE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DS/T (X) Change ( ) Addition
Name: LINARES, BARBARA
Address: 111 KATHLEEN CT.
City-St-Zip: TARPON SPRINGS, FL 34689

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: DEBBIE KRONK DP 04/13/2009
Electronic Signature of Signing Officer or Director — Date