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FILED
Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17420 (3)
1. Corporation Name
OAKLEAF CLUSTER HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
503 MARSHALL ST SUITE 1-A CLEARWATER FL 34615 US
P O BOX 755 TARPON SPRINGS FL 34688-0755 US

3. Date Incorporated or Qualified 10/21/1986
3a. Date of Last Report 05/01/1996
4. FEI Number 59-3110052
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
GIACINTO, VINCENT M.
29811 US 19 N.
CLEARWATER FL 34621

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GIACINTO, VINCE	
STREET ADDRESS	112 KATHLEEN CT	
CITY - ST - ZIP	TARPON SPRINGS FL	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	STRIANO, BOB	
STREET ADDRESS	425 E LURIEN PLACE	
CITY - ST - ZIP	TARPON SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KRONK, DEBBIE I.	
STREET ADDRESS	101 KATHLEEN CT	
CITY - ST - ZIP	TARPON SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	AMADEO, LISA	
STREET ADDRESS	112 KATHLEEN CT	
CITY - ST - ZIP	TARPON SPRINGS FL	
TITLE	DO	<input checked="" type="checkbox"/> DELETE
NAME	MCGOVERN, DANIEL	
STREET ADDRESS	105 KATHLEEN CT	
CITY - ST - ZIP	TARPON SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Board Director
5.3 STREET ADDRESS	Dorothy Presley
5.4 CITY - ST - ZIP	102 Kathleen CT Tarpon Springs, FL 34689
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Debbie I. Kronk* **DEBBIE KRONK** 16 Jan 97 813-9373488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0088901

CR2E037 (9/96)