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FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 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
USP O BOX 755
TARPON SPRINGS FL 34688-0755
US3. Date Incorporated or Qualified
10/21/19863a. Date of Last Report
05/01/19964. FEI Number
59-3110052Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIACINTO, VINCENT M.
29811 US 19 N.
CLEARWATER FL 34621

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME GIACINTO, VINCE
STREET ADDRESS 112 KATHLEEN CT
CITY-ST-ZIP TARPON SPRINGS FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VPD ☐ DELETE
NAME STRIANO, BOB
STREET ADDRESS 425 E LURIEN PLACE
CITY-ST-ZIP TARPON SPRINGS FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME KRONK, DEBBIE I.
STREET ADDRESS 101 KATHLEEN CT
CITY-ST-ZIP TARPON SPRINGS FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME AMADEO, LISA
STREET ADDRESS 112 KATHLEEN CT
CITY-ST-ZIP TARPON SPRINGS FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE DO ☒ DELETE
NAME MCGOVERN, DANIEL
STREET ADDRESS 105 KATHLEEN CT
CITY-ST-ZIP TARPON SPRINGS FL5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Board Director
5.3 STREET ADDRESS Dorothy Presley
5.4 CITY-ST-ZIP 102 Kathleen CT
Tarpon Springs, FL 34689TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(See)

Debbie Kronk

Date

16 Jan 97

Daytime Phone

813-937-3498

CR2E037 (9/96)