

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90047 006 ****61.25

80051040



DO NOT WRITE IN THIS SPACE

DOCUMENT # 20 1. Entity Name OAKLEAF HOMEOWNERS ASSOCIATION, INC.																										
Principal Place of Business 503 MARSHALL ST SUITE 1-A CLEARWATER FL 34615 US																										
Mailing Address P O BOX 755 TARPON SPRINGS FL 34688-0755 US																										
2. Principal Place of Business @2595 Tampa Road																										
3. Mailing Address 2595 Tampa Road																										
Suite, Apt. #, etc. Suite H																										
Suite H																										
City & State Palm Harbor, FL																										
City & State Palm Harbor, FL																										
Zip 34684																										
Country Pinellas																										
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4. FEI Number 59-3110052																										
Applied For Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																										
6. Name and Address of Current Registered Agent GIACINTO, VINCENT M. 29811 US 19 N. CLEARWATER FL 34621																										
7. Name and Address of New Registered Agent Name: Michelle Budkin Street Address (P.O. Box Number is Not Acceptable): 2595 Tampa Road Suite H City: Palm Harbor FL Zip Code: 34684																										
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.																										
SIGNATURE <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																										
FILE NOW: FEE IS \$61.25																										
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																										
Make Check Payable to Department of State																										
10. OFFICERS AND DIRECTORS																										
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																										
<table border="1"><tr><td>TITLE PD NAME GIACINTO, VINCE STREET ADDRESS 112 KATHLEEN CT CITY-ST-ZIP TARPON SPRINGS FL</td><td><input checked="" type="checkbox"/> Delete</td></tr><tr><td>TITLE VPD NAME STRIANO, BOB STREET ADDRESS 425 E LURIEN PLACE CITY-ST-ZIP TARPON SPRINGS FL</td><td><input checked="" type="checkbox"/> Delete</td></tr><tr><td>TITLE SD NAME KRONK, DEBBIE I. STREET ADDRESS 101 KATHLEEN CT CITY-ST-ZIP TARPON SPRINGS FL</td><td><input checked="" type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr></table>		TITLE PD NAME GIACINTO, VINCE STREET ADDRESS 112 KATHLEEN CT CITY-ST-ZIP TARPON SPRINGS FL	<input checked="" type="checkbox"/> Delete	TITLE VPD NAME STRIANO, BOB STREET ADDRESS 425 E LURIEN PLACE CITY-ST-ZIP TARPON SPRINGS FL	<input checked="" type="checkbox"/> Delete	TITLE SD NAME KRONK, DEBBIE I. STREET ADDRESS 101 KATHLEEN CT CITY-ST-ZIP TARPON SPRINGS FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<table border="1"><tr><td>TITLE PD NAME Kleber, Matt STREET ADDRESS 109 Kathleen Ct. CITY-ST-ZIP Tarpon Springs, FL 34689</td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE VPD NAME McGovern, Daniel STREET ADDRESS 105 Kathleen Ct CITY-ST-ZIP Tarpon Springs, FL 34689</td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE STD NAME Walter, Terry STREET ADDRESS 106 Kathleen Ct CITY-ST-ZIP Tarpon Springs, FL 34689</td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr></table>	TITLE PD NAME Kleber, Matt STREET ADDRESS 109 Kathleen Ct. CITY-ST-ZIP Tarpon Springs, FL 34689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE VPD NAME McGovern, Daniel STREET ADDRESS 105 Kathleen Ct CITY-ST-ZIP Tarpon Springs, FL 34689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE STD NAME Walter, Terry STREET ADDRESS 106 Kathleen Ct CITY-ST-ZIP Tarpon Springs, FL 34689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]*