

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45998

**FILED**  
**Jan 26, 2016**  
**Secretary of State**  
**CC0936701151**

**Entity Name:** OAK LEAFE OF HIGHLANDS COUNTY HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

6048 OAK LEAFE CIRCLE  
SEBRING, FL 33876

**Current Mailing Address:**

6048 OAK LEAFE CIRCLE  
SEBRING, FL 33876 US

**FEI Number: 58-1967362**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CEBULA, PETER  
6048 OAK LEAFE CIRCLE  
SEBRING, FL 33876 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: PETER CEBULA**

**01/26/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name EXLEY, CATHERINE  
Address 6042 OAK LEAFE CIRCLE.  
City-State-Zip: SEBRING FL 33876

Title P/D  
Name CEBULA, PETER P  
Address 6048 OAK LEAFE CIRCLE  
City-State-Zip: SEBRING FL 33876

Title S/D  
Name SHATNEY, REBECCA  
Address 6196 OAK LEAFE CIRCLE  
City-State-Zip: SEBRING FL 33876

Title T/D  
Name VOLPE, HERBERT  
Address 6006 OAK LEAFE CIRCLE  
City-State-Zip: SEBRING FL 33876

Title VP/D  
Name SHATNEY, PATRICK T  
Address 6196 OAK LEAFE CIRCLE  
City-State-Zip: SEBRING FL 33876

*I hereby 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 all other like empowered.*

**SIGNATURE: PETER CEBULA**

**PRESIDENT**

**01/26/2016**

Electronic Signature of Signing Officer/Director Detail

Date