

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45998

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

**FILED**  
**May 18, 2020**  
**Secretary of State**  
**5565127022CC**

**Current Principal Place of Business:**

6196 OAK LEAFE CIRCLE  
SEBRING, FL 33876

**Current Mailing Address:**

P.O. BOX 34  
LORIDA, FL 33857 US

**FEI Number: 58-1967362**

**Certificate of Status Desired: No**

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

SHATNEY, PATRICK  
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: PATRICK SHATNEY**

**05/18/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP	Title	PRESIDENT
Name	EXLEY, CATHERINE	Name	SHATNEY, PATRICK P
Address	6042 OAK LEAFE CIRCLE.	Address	6196 OAK LEAFE CIRCLE
City-State-Zip:	SEBRING FL 33876	City-State-Zip:	SEBRING FL 33876
Title	SECRETARY	Title	TREASURER
Name	SHATNEY, REBECCA	Name	VOLPE, HERBERT
Address	6196 OAK LEAFE CIRCLE	Address	6006 OAK LEAFE CIRCLE
City-State-Zip:	SEBRING FL 33876	City-State-Zip:	SEBRING FL 33876
Title	DIRECTOR		
Name	LUECK, GARY		
Address	6172 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: PATRICK P SHATNEY**

**PRESIDENT**

**05/18/2020**

Electronic Signature of Signing Officer/Director Detail

Date