### **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45998

Entity Name: OAK LEAFE OF HIGHLANDS COUNTY HOMEOWNERS'

ASSOCIATION, INC.

# **Current Principal Place of Business:**

6154 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:

MARSH, TROY 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: TROY MARSH 02/28/2023

Electronic Signature of Registered Agent

Date

**FILED** Feb 28, 2023

**Secretary of State** 

1454806593CC

## Officer/Director Detail:

Title **DIRECTOR** Title **SECRETARY** Name SHATNEY, PATRICK P Name WILSON, JUDY

Address 6196 OAK LEAFE CIRCLE Address 6160 OAK LEAFE CIRCLE

City-State-Zip: SEBRING FL 33876 City-State-Zip: SEBRING FL 33876

Title Title **TREASURER** 

LUECK, GARY Name VOLPE, HERBERT Name

Address 6006 OAK LEAFE CIRCLE Address 6172 OAK LEAFE CIRCLE City-State-Zip: SEBRING FL 33876

Title **PRESIDENT** Name MARSH, TROY

City-State-Zip:

6154 OAK LEAFE CIRCLE Address

SEBRING FL 33876

SEBRING FL 33876 City-State-Zip:

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: TROY MARSH **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

02/28/2023 Date