


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

05-11-2006 90245 029 ****61.25

DOCUMENT # N45998
 1. Entity Name
OAK LEAF OF HIGHLANDS COUNTY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 6096 OAK LEAF CIRCLE SEBRING, FL 33876 US	Mailing Address 6096 OAK LEAF CIRCLE SEBRING, FL 33876 US
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66020615



01202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1967362	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 MUZZILLO, PETER E
 6096 OAK LEAF CIRCLE
 SEBRING, FL 33876

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006


9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFMAN, LOIS 6030 OAK LEAF CIRCLE SEBRING, FL 33876
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICKELSON, J.M. 6184 OAK LEAF CIRCLE SEBRING, FL 33876
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILES, TIM 6054 OAK LEAF CIRCLE SEBRING, FL 33876
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA HOFMAN, LOIS 6039 OAK LEAF CIRCLE SEBRING, FL 33876
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES NICKELSON, J M 6184 OAK LEAF CIRCLE SEBRING, FL 33876
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MUZZILLO, THAIS A 6096 OAK LEAF CIRCLE SEBRING, FL 33876

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 6/20/06
Date