## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 23, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # 756294 LEAF HOMEOWNERS AS	SSOCIATIO	ON, INC.				05-23-200	5 90003 0	44 ****61	.25	
% GOUVERT % GC 6401 CONGRESS AVENUE, SUITE 140 6401			iling Address GOUVERT 401 CONGRESS AVENUE, SUITE 140 DCA RATON, FL 33487					0181 6484 <b>1</b> 484 6		HIE! &I !&!	
Principal Place of Business     3.		3. Mailing	3. Mailing Address								
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			05182005	Chg-NP	CR2E	037 (10/03)		
City & State		City &	City & State			4. FEI Numbe 59*2080		-	<del> </del>	oplied For ot Applicable	
Zip	Country	Zip		Country		5. Certificate of	of Status Desire	d 🗍	\$8.75 Add Fee Require		
	6. Name and Address of Curre	nt Registered /	Agent	Name		7. Name and	Address of Nev	w Registered	Agent		
LIPPMAN,							***************************************				
% LIPPMAN & LIPPMAN 6401 CONGRESS AVENUE, SUITE 140 BOCA RATON, FL 33487				Street	Street Address (P.O. Box Number is Not Acceptable)						
BOUA NA	TON, PL 33407			City					Zip Cod	<u> </u>	
	named entity submits this statement							F	<b>-</b>   '		
u o oonga	tions of registered agent.										
SIGNATURE .	Signature, typed or printed name of registered ago	ent and title if applica	ble (NOTE	: Registered Agent sign	eture required	when reinstating)		DATE			
	Signature, typed or printed name of registered agr Filling Fee is \$61.25 ue by September 7, 2005	ent and title if applica		npaign Financing	atura required	when reinstating) \$5.00 May Be Added to Fees	· F	Make che	ck payable t		
	Filing Fee is \$61.25 ue by September 7, 2005 OFFICERS AND I		9. Election Cam	npaign Financing		\$5.00 May Be	F	Make ched lorida Depa	irtment of S	tate	
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12. I hereby certify that the information supplied with this filling 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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MUMOND APPULL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR