2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# N00000004987

Entity Name: LEILA AVENUE VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3406 LEILA AVENUE
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

3406 LEILA AVENUE
TAMPA, FL 33611

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENNETT, PETER
301 S MACDILL AVENUE
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

NELSON, KEVIN D
501 EAST KENNEDY BOULEVARD
SUITE 1700
TAMPA, FL 33602 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: KEVIN D. NELSON 04/20/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BENNETT, PETER
Address: 301 S MACDILL AVENUE
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete
Name: PARKER, DERRICK
Address: 3908 RYALLWOOD CT
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete
Name: CAMPO, MATT
Address: 5300 W CYPRESS ST, STE 300
City-St-Zip: TAMPA, FL 336071712

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ANDREASEN, SCOTT
Address: 3406 LEILA AVENUE
City-St-Zip: TAMPA, FL 33611 US

Title: STD (X) Change ( ) Addition
Name: LYNCH, DENISE
Address: 3406 LEILA AVENUE
City-St-Zip: TAMPA, FL 33611 US

Title: VPD (X) Change ( ) Addition
Name: BELFATTI, RALPH
Address: 3406 LEILA AVENUE
City-St-Zip: TAMPA, FL 33611 US

Title: D ( ) Change (X) Addition
Name: JONES, KERRI
Address: 3406 LEILA AVENUE
City-St-Zip: TAMPA, FL 33611 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SCOTT ANDREASEN P 04/20/2004
Electronic Signature of Signing Officer or Director Date