## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000004987

FILED Apr 26, 2005 Secretary of State

Entity Name: LEILA AVENUE VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3406 LEILA AVENUE TAMPA, FL 33611 **Current Mailing Address: New Mailing Address:** 3406 LEILA AVENUE TAMPA, FL 33611 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NELSON, KEVIN D HEIST, REBECCA L 501 EAST KENNEDY BOULEVARD 501 EÁST KENNEDY BOULEVARD **SUITE 1700** SUITE 1700 TAMPA, FL 33602 US 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: REBECCA L. HEIST 04/26/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ANDREASEN, SCOTT Name: Name: 3406 LEILA AVENUE Address: Address: City-St-Zip: TAMPA, FL 33611 US City-St-Zip: Title: STD () Delete Title: () Change () Addition LYNCH, DENISE Name: Name: Address: 3406 LEILA AVENUE Address: City-St-Zip: TAMPA, FL 33611 US City-St-Zip: Title: VPD () Delete Title: VPD (X) Change ( ) Addition BELFATTI, RALPH CROWELL, TIM Name: Name: 3406 LEILA AVENUE Address: Address: 3406 LEILA AVENUE City-St-Zip: TAMPA, FL 33611 US City-St-Zip: TAMPA, FL 33611 US Title: Title: ASD (X) Change ( ) Addition ( ) Delete Name: JONES, KERRI Name: MOREN, HILLARY Address: 3406 LEILA AVENUE Address: 3406 LEILA AVENUE City-St-Zip: TAMPA, FL 33611 US City-St-Zip: TAMPA, FL 33611 US Title: () Delete Title: ( ) Change (X) Addition PETIT, JESSICA Name: Name: 3406 LEILA AVENUE Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33611

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 PD 04/26/2005