

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004987

FILED
Apr 28, 2006
Secretary of State

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 () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEIST, REBECCA L
501 EAST KENNEDY BOULEVARD
SUITE 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

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

Title: VPD () Delete
Name: CROWELL, TIM
Address: 3406 LEILA AVENUE
City-St-Zip: TAMPA, FL 33611 US

Title: ASD () Delete
Name: MOREN, HILLARY
Address: 3406 LEILA AVENUE
City-St-Zip: TAMPA, FL 33611 US

Title: ATD () Delete
Name: PETIT, JESSICA
Address: 3406 LEILA AVENUE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date