

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004987

FILED
Apr 21, 2009
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:

5614 SAMTER CT
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:

BISHOP, MARK
5614 SAMTER CT
TAMPA, FL 33611 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: VPD (X) Delete
Name: STAFFORD, PARKER J JR
Address: 3406 LEILA AVE
City-St-Zip: TAMPA, FL 33611 US

Title: STD () Delete
Name: ST. MARTIN, MIA
Address: 3406 LEILA AVENUE
City-St-Zip: TAMPA, FL 33611 US

Title: PD () Delete
Name: BISHOP, MARK
Address: 3406 LEILA AVE.
City-St-Zip: TAMPA, FL 33611 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ATD (X) Change () Addition
Name: ST. MARTIN, MIA ATD
Address: 3406 LEILA AVENUE
City-St-Zip: TAMPA, FL 33611 US

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

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

Title: STD () Change (X) Addition
Name: VEGA, TISON
Address: 5644 LEILA AVENUE
City-St-Zip: TAMPA, FL 33611 US

I hereby certify that the information supplied with this filing does not qualify 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: MARK BISHOP

PD

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date