


**2006-NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000004939
1. Entity Name
SOUTH LEEBSBURG BUSINESS CENTER PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**34035 PARKVIEW AVE
EUSTIS, FL 32736**

Mailing Address
**34035 PARKVIEW AVE
EUSTIS, FL 32736**

DO NOT WRITE IN THIS SPACE



03142006 No Chg-NP CR2E037 (11/05)

4. FEI Number
57-1184855 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CARTER, ROY CADE JR
34035 PARKVIEW AVE
EUSTIS, FL 32736**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000422506
03/28/06-80039-012 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARDWELL, BAILEY 572 SUMMERWOOD DRIVE MINNEOLA, FL 34715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VERMILLION, JOHN P 10230 JOANIES RUN LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, ROY C JR 34035 PARKVIEW DRIVE EUSTIS, FL 32736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARTER, ROY D JR 34035 PARKVIEW AVE EUSTIS, FL 32736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: *Roy C Carter Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13-14-06 *(352) 989-1346*
Date Daytime Phone #