

**2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 18, 2006  
Secretary of State**

DOCUMENT# N03000006798

Entity Name: LEAH'S ACRES HOMEOWNERS' ASSOCIATION. INC.

**Current Principal Place of Business:**

38746 CLINTON AVENUE  
DADE CITY, FL 33525

**New Principal Place of Business:**

**Current Mailing Address:**

38746 CLINTON AVENUE  
DADE CITY, FL 33525

**New Mailing Address:**

FEI Number: 32-0016282      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MURPHY, DAVID J  
14217 3RD ST.  
DADE CITY, FL 33523      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: DAVID J. MURPHY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTSD      ( ) Delete  
Name: WICKETT, HENRY  
Address: 38746 CLINTON AVENUE  
City-St-Zip: DADE CITY, FL 33525

Title: DV      ( ) Delete  
Name: HEREFORD, ROBERT  
Address: 212 LANSING ISLAND DR  
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: D      ( ) Delete  
Name: STEARNS, MICHAEL  
Address: 600 N WESTSHORE BLVD #600  
City-St-Zip: TAMPA, FL 33609

**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:

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: DAVID J. MURPHY

Electronic Signature of Signing Officer or Director

ATT

10/18/2006

Date