

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006798

FILED
Feb 04, 2009
Secretary of State

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

Current Principal Place of Business:

11543 WICKETTS WAY
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

11543 WICKETTS WAY
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:

SCHARBER, JARROD M ESQ
38038 MERIDEN AVE
DADE CITY, FL 33526 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: PHALLER, ERIC
Address: 11549 ARLHUNA WAY
City-St-Zip: DADE CITY, FL 33525

Title: VD () Delete
Name: STROM, MARCUS
Address: 11520 PINE HOLLOW WAY
City-St-Zip: DADE CITY, FL 33525

Title: SD () Delete
Name: NICOLL, CAROL
Address: 11543 WICKETTS WAY
City-St-Zip: DADE CITY, FL 33525

Title: T (X) Delete
Name: STEARNS, MICHAEL
Address: 11509 ARLHUNA WAY
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: NICOLL, CAROL
Address: 11543 WICKETTS WAY
City-St-Zip: DADE CITY, FL 33525

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

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: CAROL NICOLL

STD

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date