

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90083 027 ****61.25

DOCUMENT # N05000003337

1. Entity Name

**CORLEY ISLAND HOMEOWNERS ASSOCIATION OF
LEESBURG, INC.**



Principal Place of Business

Mailing Address

**138 KINGS BOULEVARD
LEESBURG FL 34748**

**138 KINGS BOULEVARD
LEESBURG FL 34748**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2871839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLLING, LEE J
529 VERSAILLES DR, STE 103
MAITLAND FL 32751**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D VP** ☐ Delete
NAME **GOSS, ELMER**
STREET ADDRESS **19 KINGS BOULEVARD**
CITY-STATE-ZIP **LEESBURG FL 34748**

TITLE **D AT** ☐ Delete
NAME **PEREZ, WILFRED F**
STREET ADDRESS **4 KINGS BLVD**
CITY-STATE-ZIP **LEESBURG FL 34748**

TITLE **D** ☒ Delete
NAME **SMITH, ROBERT**
STREET ADDRESS **121 QUEENS DR**
CITY-STATE-ZIP **LEESBURG FL 34748**

TITLE **D P** ☐ Delete
NAME **SWEHLA, LORNA**
STREET ADDRESS **157 KINGS BOULEVARD**
CITY-STATE-ZIP **LEESBURG FL 34748**

TITLE **D** ☒ Delete
NAME **KROON, BIRGIT**
STREET ADDRESS **217 PRINCE DRIVE**
CITY-STATE-ZIP **LEESBURG FL 34748**

TITLE **D** ☒ Delete
NAME **SAITZ, MARIE**
STREET ADDRESS **44 KNIGHT DRIVE**
CITY-STATE-ZIP **LEESBURG FL 34748**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **#5** ☐ Change ☒ Addition
NAME **ARLENE WILLNOW**
STREET ADDRESS **167 KINGS BLVD**
CITY-STATE-ZIP **LEESBURG, FL 34748**

TITLE **T** ☐ Change ☒ Addition
NAME **CHARLES BOWMAN**
STREET ADDRESS **141 KINGS BLVD**
CITY-STATE-ZIP **LEESBURG FL 34748**

TITLE **D** ☐ Change ☒ Addition
NAME **WILLIS MAY**
STREET ADDRESS **49 HILLCREST**
CITY-STATE-ZIP **LEESBURG, FL 34748**

TITLE **D** ☐ Change ☒ Addition
NAME **EARL LOWE**
STREET ADDRESS **237 PRINCE**
CITY-STATE-ZIP **LEESBURG FL 34748**

TITLE **D** ☐ Change ☒ Addition
NAME **MARIO BOND**
STREET ADDRESS **139 KINGS BLVD.**
CITY-STATE-ZIP **LEESBURG FL 34748**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE:

CHARLES BOWMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-13-07

Daytime Phone #

352 718 3607