

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22129

FILED  
Mar 23, 2006  
Secretary of State

Entity Name: LECLARE SHORES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

16834 LECLARE SHORES DRIVE  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

7001 TEMPLE TERRACE HWY  
TEMPLE TERRACE, FL 33637

**New Mailing Address:**

FEI Number: 59-2777340

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

UNIVERSITY PROPERTIES, INC  
7001 TEMPLE TERRACE HWY  
TEMPLE TERRACE, FL 33637 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: SD ( ) Delete  
Name: GROSS, LILLIANN  
Address: 5117 CORVETTE DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: TD ( ) Delete  
Name: SLEEPER, NANCY  
Address: 16839 LECLARE SHORE DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: PD ( ) Delete  
Name: EVANS, WILLIE  
Address: 5133 CORVETTE DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: VPD ( ) Delete  
Name: WIATRAK, MIKE  
Address: 16842 LECLARE SHORES DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete  
Name: NEWTON, BILL  
Address: 16850 LECLARE SHORE DRIVE  
City-St-Zip: TAMPA, FL 33624

**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:

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: WILLIE EVANS

PD

03/23/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date