


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90027 048 ****61.25

DOCUMENT # N22129

1. Entity Name
LECLARE SHORES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**16834 LECLARE SHORES DRIVE
 TAMPA, FL 33624**

Mailing Address
**7001 TEMPLE TERRACE HWY
 TEMPLE TERRACE, FL 33637**

40018703



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-2777340

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**UNIVERSITY PROPERTIES, INC
 7001 TEMPLE TERRACE HWY
 TEMPLE TERRACE, FL 33637**

7. Name and Address of New Registered Agent
 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

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** Delete
 NAME **GROSS, LILLIANN**
 STREET ADDRESS **5117 CORVETTE DRIVE**
 CITY-ST-ZIP **TAMPA, FL 33624**

TITLE **SD** Change Addition
 NAME **INGRAM, JUDITH**
 STREET ADDRESS **5216 CORVETTE DRIVE**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE **TD** Delete
 NAME **SLEEPER, NANCY**
 STREET ADDRESS **16839 LECLARE SHORE DRIVE**
 CITY-ST-ZIP **TAMPA, FL 33624**

TITLE **PD** Change Addition
 NAME **SLEEPER, NANCY**
 STREET ADDRESS **16839 LECLARE SHORE DRIVE**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE **PD** Delete
 NAME **EVANS, WILLIE**
 STREET ADDRESS **5133 CORVETTE DRIVE**
 CITY-ST-ZIP **TAMPA, FL 33624**

TITLE **D** Change Addition
 NAME **EVANS, WILLIE**
 STREET ADDRESS **5133 CORVETTE DRIVE**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE **VPD** Delete
 NAME **WIATRAK, MIKE**
 STREET ADDRESS **16842 LECLARE SHORES DRIVE**
 CITY-ST-ZIP **TAMPA, FL 33624**

TITLE **D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **NEWTON, BILL**
 STREET ADDRESS **16850 LECLARE SHORE DRIVE**
 CITY-ST-ZIP **TAMPA, FL 33624**

TITLE **PD** Change Addition
 NAME **FISHER, TIM**
 STREET ADDRESS **16840 LECLARE SHORES DRIVE**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: *Nancy Sleeper* x *Nancy Sleeper* Date *1-16-07* Daytime Phone # *813 9620127*