

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22129

FILED  
Jan 21, 2009  
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:**

LEIB, PATRICIA S  
420 WEST PLATT ST  
TAMPA, FL 33606      US

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: PATRICIA S. LEIB      01/21/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: SD      ( ) Delete  
Name: INGRAM, JUDITH  
Address: 5216 CONVETTE DR.  
City-St-Zip: TAMPA, FL 33624

Title: PD      ( ) Delete  
Name: SLEEPER, NANCY  
Address: 18839 LECLARE DR.  
City-St-Zip: TAMPA, FL 33624

Title: D      ( ) 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: TD      ( ) Delete  
Name: FISHER, TIM  
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: DT      (X) Change ( ) Addition  
Name: STAFFORD, GAIL  
Address: 16846 LECLARE SHORES DR  
City-St-Zip: TAMPA, FL 33624

Title: D      (X) Change ( ) Addition  
Name: WIATRAK, MIKE  
Address: 16842 LECLARE SHORES DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: DVP      (X) Change ( ) Addition  
Name: VARS, MARIA  
Address: 5123 CORVETTE DR  
City-St-Zip: TAMPA, FL 33624

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: NANCY SLEEPER      P      01/21/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date