

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22129

FILED
Mar 08, 2010
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:

LEIB, PATRICIA S
420 WEST PLATT ST
TAMPA, FL 33606 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
Name: INGRAM, JUDITH
Address: 7001 TEMPLE TERRACE HWY
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: PD
Name: SLEEPER, NANCY
Address: 7001 TEMPLE TERRACE HWY
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: DT
Name: STAFFORD, GAIL
Address: 7001 TEMPLE TERRACE HWY
City-St-Zip: TAMPLE TERRACE, FL 33637

Title: DVP
Name: WIATRAK, MIKE
Address: 7001 TEMPLE TERRACE HWY
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: D
Name: BRENT, BILL
Address: 7001 TEMPLE TERRACE HWY
City-St-Zip: TEMPLE TERRACE, FL 33637

I hereby 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 all other like empowered.

SIGNATURE: NANCY SLEEPER

PD

03/08/2010

Electronic Signature of Signing Officer or Director

Date