

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22129

FILED
Feb 09, 2012
Secretary of State

Entity Name: LECLARE SHORES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4809 EHRLICH ROAD
SUITE 104
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

4809 EHRLICH ROAD
SUITE 104
TAMPA, FL 33624 US

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:

TERRA MANAGEMENT SERVICES, INC.
4809 EHRLICH ROAD
SUITE 104
TAMPA, FL 33624 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: D
Name: INGRAM, JUDITH
Address: 4809 EHRLICH ROAD, SUITE 104
City-St-Zip: TAMPA, FL 33624 US

Title: P
Name: SLEEPER, NANCY
Address: 4809 EHRLICH ROAD, SUITE 104
City-St-Zip: TAMPA, FL 33624 US

Title: S/T
Name: MCNAMARA, RYAN
Address: 4809 EHRLICH ROAD, SUITE 104
City-St-Zip: TAMPA, FL 33624 US

Title: VP
Name: WIATRAK, MIKE
Address: 4809 EHRLICH ROAD, SUITE 104
City-St-Zip: TAMPA, FL 33624 US

Title: D
Name: SCHEBEL, BRENT
Address: 4809 EHRLICH ROAD, SUITE 104
City-St-Zip: TAMPA, FL 33624 US

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: DAVID M. FELICE

P

02/09/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date