

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004987

**Entity Name:** LEILA AVENUE VILLAS HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 23, 2013**  
**Secretary of State**  
**CC4159006004**

**Current Principal Place of Business:**

3406 LEILA AVENUE  
TAMPA, FL 33611

**Current Mailing Address:**

5614 SAMTER CT  
TAMPA, FL 33611

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

BISHOP, MARK  
5614 SAMTER CT  
TAMPA, FL 33611 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name BISHOP, MARK  
Address 3406 LEILA AVE.  
City-State-Zip: TAMPA FL 33611

Title VPD  
Name LYNCH, DENISE  
Address 3406 LEILA AVENUE  
City-State-Zip: TAMPA FL 33611

Title STD  
Name VEGA, TISON  
Address 5644 LEILA AVENUE  
City-State-Zip: TAMPA FL 33611

Title ATD  
Name CHURCH, MICHELLE  
Address 5624 LEILA AVENUE  
City-State-Zip: TAMPA FL 33611

*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: MARK BISHOP**

**PRESIDENT**

**02/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date