

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746401 (9)
1. Corporation Name
LEELAND VILLAS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
**POST OFFICE BOX 1042
LEHIGH ACRES FL 33970-1042
US** **POST OFFICE BOX 1042
LEHIGH ACRES FL 33970-1042
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/23/1979** 3a. Date of Last Report **04/11/1994**
4. FEI Number **59-1916764** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$0.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**O'MALLEY, MATHEW
1400 FORD CIRCLE
LEHIGH ACRES FL 33936**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	O'MALLEY, MATHEW	1.2 NAME	
STREET ADDRESS	1400 FORD CIR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	BRAND, EILEEN	2.2 NAME	
STREET ADDRESS	1133 JOEL BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	JONES, YVONNE	3.2 NAME	
STREET ADDRESS	1120 JOEL BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, ALVIN	4.2 NAME	
STREET ADDRESS	1131 JOEL BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KOROWITZ, JEAN	5.2 NAME	
STREET ADDRESS	1121 JOEL BLVD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mathew K O'Malley

MATHEW K O'MALLEY

4/24/95

813-369-6485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Daytime Phone #