

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90778 034 ****61.25

DOCUMENT # 746401



1. Entity Name
LEELAND VILLAS HOMEOWNERS' ASSOCIATION, INC.

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1916764** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	O'MALLEY, MATHEW	
STREET ADDRESS	1400 FORD CIR.	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRAND, EILEEN	
STREET ADDRESS	1133 JOEL BLVD.	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMPSON, ALVIN	
STREET ADDRESS	1131 JOEL BLVD.	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOROWITZ, JEAN	
STREET ADDRESS	1121 JOEL BLVD.	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mathew K O'Malley* **MATHEW K O'MALLEY** 02-20-03 239 819 6485

CR2E037 (10/02)