

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90040 031 ****61.25

DOCUMENT # 757685

1. Entity Name

LEONA HEIGHTS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

8710 LEONA STREET
SEMINOLE FL 33772

Mailing Address

8710 LEONA STREET
SEMINOLE FL 33772

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2019989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERINCILOLO, PAMELA L
8710 LEONA STREET
SEMINOLE FL 33772

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
Due By May 1, 2004

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

TITLE	P	<input type="checkbox"/> Delete
NAME	PERINCILOLO, PAMELA	
STREET ADDRESS	8710 LEONA STREET	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	V	<input type="checkbox"/> Delete
NAME	APPLE, WILLIAM	
STREET ADDRESS	12117 88TH AVENUE N.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHAUHAN, LYNN	
STREET ADDRESS	12151 RHONDA TERR	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	S	<input type="checkbox"/> Delete
NAME	BURNARD, RICKI	
STREET ADDRESS	12076-88TH AVE. -	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADOLPHSON, DICK	
STREET ADDRESS	8856 TAMI STREET	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELLIFRAINE, BERTHA	
STREET ADDRESS	12098 -88TH AVE N	
CITY-ST-ZIP	SEMINOLE FL 33772	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pamela L. Perinciolo

4/6/04 (727) 397-5009