2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# 757685

Entity Name: LEONA HEIGHTS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8710 LEONA STREET
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

8710 LEONA STREET
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 59-2019989 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERINCIOLO, PAMELA L
8710 LEONA STREET
SEMINOLE, FL 33772 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:	P	( ) Delete
Name:	PERINCIOLO, PAMELA	
Address:	8710 LEONA STREET	
City-St-Zip:	SEMINOLE, FL 33772	
Title:	VP	( ) Delete
Name:	DELLIFRANE, BERTHA	
Address:	12098-88TH AVE NORTH	
City-St-Zip:	SEMINOLE, FL 33772	
Title:	T	( ) Delete
Name:	DELLIFRANE, BERTHA	
Address:	12098-88TH AVE N	
City-St-Zip:	SEMINOLE, FL 33772	
Title:	S	( ) Delete
Name:	BURNARD, RICKI	
Address:	12076-88TH AVE.	
City-St-Zip:	SEMINOLE, FL 33772	
Title:	D	( ) Delete
Name:	ADOLPHSON, DICK	
Address:	8856 TAMI STREET	
City-St-Zip:	SEMINOLE, FL 33772	
Title:	D	( ) Delete
Name:	SAYDEH, BARBARA	
Address:	12155 ORANGE BLOSSOM TERR	
City-St-Zip:	SEMINOLE, FL 33772	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAMELA L. PERINCIOLO P 04/23/2009

Electronic Signature of Signing Officer or Director — Date