## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 25, 2008 8:00 am Secretary of State

	,	Secretary of State				
1. Entity Nan	MENT #761124 LEAF ESTATES OWNERS		01-25-2008 90027 0			
Principal Place of Business 596 MAPLE LEAF DR PENSACOLA, FL 32514		Mailing Address 596 MAPLE LEAF DR PENSACOLA, FL 32514	The state of the s	:		
Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082008 Ch	g-NP CR2E037	(12/06)
City & Star	e	City & State		4. FEI Number 59-2237139	)	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired	8.75 Additional se Required
6. Name and Address of Current Registered Agent					ess of New Registered Ag	
TILBURG, WILLIAM V 9630 MAPLELEAF DRVIVE PENSACOLA, FL 32514			Name POSCY BOTS BY J  Street Address (P.O. Box Number is Not Acceptable)  413 MAPLE LEAF CIRCLE			
City 7 ENSAC					FL	Zip Code 325 (4
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 Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed after of registered agent and title if applicable.  (NOTE: Registered Agent signature required when remistating)  DATE						
Filing Fee is \$61.25  Due by May 1 2008  9. Election C			ign Financing ribution.	\$5.00 May Be Added to Fees	Make check p Florida Departm	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OF						CTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TILBURG, WILLIAM V 9630 MAPLELEAF DRIVE PENSACOLA, FL 32574	☐ Delete	NAME POS STREET ADDRESS 44 C	OSEY, BOB SEY, BOB SMAPLEL	BY J .EAF C.R.L.L A, .= L 325	Change Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	VC POSEY, BOBBY 413 MAPLELEAF CIRCLE PENSACOLA, FL 32574	<b>□</b> TJelate	NAME STREET ADDRESS 52	10 HOERVER, 8 MAPLELO	ſ	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RC FAIRCOTZ, JOANNE 421 MAPLELEAF CIRCLE PENSACOLA, FL 32574	☐ Delete	NAME STREET ADDRESS  RS/ 13.7  13.7	(ACLOTH,		Change Addition
TITLE NAME	D RODGERS, JAMES R	☐ Delete	TITLE T	7		Change Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

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TITLE

NAME

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SIGNATURE:

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

City-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

**593 MAPLELEAF CIRCLE** 

PENSACOLA, FL 32574

9625 MAPLELEAF LANE

PENSACOLA, FL 32574

9613 MAPLELEAF LANE

PENSACOLA, FL 32574

ROPER, BARBARA

COLLIER, JOE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Detete

1/15/08 1-850-712-4

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Addition

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