

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H99152

FILED
Mar 29, 2008
Secretary of State

Entity Name: LEISURE LAKE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

829 PARADISE BLVD
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

5901 US 19 SOUTH
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

829 PARADISE BLVD
TARPON SPRINGS, FL 34689 US

New Mailing Address:

5901 US 19 SOUTH
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

FEI Number: 59-2644504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIOTT, HERBERT
35 W LEMON ST
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

QUALIFIED PROPERTY MGMT, INC.
5901 US 19 SOUTH
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

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: MARY WHITE

03/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: DENIS, MICHAEL
Address: 1224 LIVE OAK PARKWAY
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: PAREENTEEN, JAN
Address: 830 ST. CHARLES DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: DEL PERCIO, FRANK
Address: 1216 LIVE OAK PARKWAY
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: LETZRING, LYNNE
Address: 807 FRANCES DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: GOVE, ROY
Address: 823 FRANCES DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: P () Delete
Name: EAGLE, CYNTHIA
Address: 817 ST. CHARLES DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEL PERCIO, FRANK
Address: 5901 US 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP (X) Change () Addition
Name: ELMAN, DICK
Address: 5901 US 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD (X) Change () Addition
Name: HUMPHREY, GINNY
Address: 5901 US 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD (X) Change () Addition
Name: MCDONALD, CHAS
Address: 5901 US 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change () Addition
Name: REGAN, JACK
Address: 5901 US 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change () Addition
Name: PARENTEAU, JAN
Address: 5901 US 19 SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY WHITE

CEO

03/29/2008

Electronic Signature of Signing Officer or Director

Date