

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

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90110 044 ****61.25

0013475

DOCUMENT # N02000002833

1. Entity Name

LANDCRAFT DELEON TOWNHOMES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

8640 SEMINOLE BLVD.
SEMINOLE FL 33772

Mailing Address

8640 SEMINOLE BLVD.
SEMINOLE FL 33772

2. Principal Place of Business

3001 Executive Drive

3. Mailing Address

3001 Executive Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 260

Suite 260

City & State

City & State

Clearwater, FL

Clearwater, FL

Zip

Country

Zip

Country

33762

United States

33762

United States

6. Name and Address of Current Registered Agent

HOFSTRA, PETER T
8640 SEMINOLE BLVD.
SEMINOLE FL 33772

7. Name and Address of New Registered Agent

Name: Condominium Associates
Street Address (P.O. Box Number is Not Acceptable)
3001 Executive Drive
Suite 260
City: Clearwater FL Zip Code: 33762

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: *James E. McNeal* PRES / MANAGING AGENT

9/3/03

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
After September 10, 2003, min will be \$236.25

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

TITLE: PD
NAME: CRAFT, JEFF ☒ Delete
STREET ADDRESS: 807 SOUTH HOWARD AVENUE #104
CITY-ST-ZIP: TAMPA FL 33606

TITLE: STD ☒ Delete
NAME: LANDERS, JAMES F
STREET ADDRESS: 807 SOUTH HOWARD AVENUE #104
CITY-ST-ZIP: TAMPA FL 33606

TITLE: VD ☒ Delete
NAME: CASTAGENA, RICHARD
STREET ADDRESS: 255 MOBBLEY BAY DRIVE
CITY-ST-ZIP: OLDSMAR FL 34677

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD ☐ Change ☒ Addition
NAME: JEFF Jordan
STREET ADDRESS: 625 Casabella Circle
CITY-ST-ZIP: Tampa, FL 33606

TITLE: V/SD ☐ Change ☒ Addition
NAME: Dino Doyle
STREET ADDRESS: 605 Casabella Circle
CITY-ST-ZIP: Tampa, FL 33606

TITLE: TD ☐ Change ☒ Addition
NAME: Brian Froehling
STREET ADDRESS: 601 Casabella Circle
CITY-ST-ZIP: Tampa, FL 33606

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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: *James E. McNeal* PRES / MANAGING AGENT 9/3/03 727 5739300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)