

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001091

FILED
Apr 23, 2009
Secretary of State

Entity Name: DELEON TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3001 EXECUTIVE DR.
SUITE 260
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

3001 EXECUTIVE DR.
SUITE 260
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 14-1877291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE, SUITE 260
CLEARWATER, FL 33762 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: DPD () Delete
Name: QUINTERO, DOMINGO
Address: CASABELLA CR
City-St-Zip: TAMPA, FL 33609

Title: VPD () Delete
Name: BIGGER, BRENT
Address: 621 CASABELLA CIRCLE
City-St-Zip: TAMPA, FL 33606

Title: DT () Delete
Name: GUERRERD, DANNA
Address: 603 CASABELLA CIRCLE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: QUINTERO, DOMINGO
Address: 613 CASABELLA CR
City-St-Zip: TAMPA, FL 33609

Title: VP (X) Change () Addition
Name: BIGGER, BRENT
Address: 621 CASABELLA CIRCLE
City-St-Zip: TAMPA, FL 33606

Title: T (X) Change () Addition
Name: SMITH, DANNA
Address: 603 CASABELLA CIRCLE
City-St-Zip: TAMPA, FL 33606

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: DOMINGO QUINTERO

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date