2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2008
Secretary of State

DOCUMENT# N03000006798

Entity Name: LEAH'S ACRES HOMEOWNERS' ASSOCIATION. INC.

Current Principal Place of Business:

38746 CLINTON AVENUE
DADE CITY, FL 33525

New Principal Place of Business:

11543 WICKETTS WAY
DADE CITY, FL 33525

Current Mailing Address:

38746 CLINTON AVENUE
DADE CITY, FL 33525

New Mailing Address:

11543 WICKETTS WAY
DADE CITY, FL 33525

FEI Number: 32-0016282 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MURPHY, DAVID J
14217 3RD ST.
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

SCHARBER, JARROD M ESQ
38038 MERIDEN AVE
DADE CITY, FL 33526 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: JARROD M. SCHARBER, ESQUIRE 04/26/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: WICKETT, HENRY
Address: 38746 CLINTON AVENUE
City-St-Zip: DADE CITY, FL 33525

Title: DV ( ) Delete
Name: HEREFORD, ROBERT
Address: 212 LANSING ISLAND DR
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: D ( ) Delete
Name: STEARNS, MICHAEL
Address: 600 N WESTSHORE BLVD #600
City-St-Zip: TAMPA, FL 33609

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PHALLER, ERIC
Address: 11549 ARLHUNA WAY
City-St-Zip: DADE CITY, FL 33525

Title: VD (X) Change ( ) Addition
Name: STROM, MARCUS
Address: 11520 PINE HOLLOW WAY
City-St-Zip: DADE CITY, FL 33525

Title: SD (X) Change ( ) Addition
Name: NICOLL, CAROL
Address: 11543 WICKETTS WAY
City-St-Zip: DADE CITY, FL 33525

Title: T ( ) Change (X) Addition
Name: STEARNS, MICHAEL
Address: 11509 ARLHUNA WAY
City-St-Zip: DADE CITY, FL 33525

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: CAROL NICOLL S 04/26/2008
Electronic Signature of Signing Officer or Director Date