2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010432

FILED Mar 30, 2005 Secretary of State

Entity Name: LEESBURG US HWY 27/SR 44 PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4210 W. SPRUCE STREET, SUITE 202 4210 WEST SPRUCE STREET

TAMPA, FL 336074161 SUITE 202

TAMPA, FL 336074161 US

Current Mailing Address: New Mailing Address:

4210 W. SPRUCE STREET, SUITE 202 4210 WEST SPRUCE STREET

TAMPA, FL 336074161 SUITE 202

TAMPA, FL 336074161 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEFAN, TIMOTHY STEFAN, TIMOTHY P

4210 W. SPRUCE STREET, SUITE 202 4210 WEST SPRUCE STREET

TAMPA, FL 336074161 US SUITE 202 TAMPA, FL 336074161 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: TIMOTHY P STEFAN 03/30/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

STEFAN, TIMOTHY STEFAN, TIMOTHY P Name: Name:

4210 W. SPRUCE STREET, SUITE 202 Address: 4210 W. SPRUCE STREET, SUITE 202 Address:

City-St-Zip: TAMPA, FL 336074161 City-St-Zip: TAMPA, FL 336074161 US

Title: () Delete Title: (X) Change () Addition GREENSLAIT, TED B

Name: GREENSLAIT, TED B Name:

Address: 4210 W. SPRUCE STREET, SUITE 202 Address: 4210 W. SPRUCE STREET, SUITE 202

City-St-Zip: TAMPA, FL 336074161 City-St-Zip: TAMPA, FL 336074161 US

Title: () Delete Title: (X) Change () Addition

WALSH, PATRICK Name: WALSH, PATRICK J Name:

Address: 4210 W. SPRUCE STREET, SUITE 202 4210 W. SPRUCE STREET, SUITE 202 Address:

City-St-Zip: TAMPA, FL 336074161 City-St-Zip: TAMPA, FL 336074161 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICK J WALSH D 03/30/2005