

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90022 025 *****61.25

DOCUMENT # N05000003337

1. Entity Name

CORLEY ISLAND HOMEOWNERS ASSOCIATION OF
LEESBURG, INC.



Principal Place of Business

138 KINGS BOULEVARD
LEESBURG FL 34748

Mailing Address

138 KINGS BOULEVARD
LEESBURG FL 34748

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2871839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLING, LEE J

529 Versailles Dr, S/103
Maitland, FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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
Due By May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GOSS, ELMER	
STREET ADDRESS	19 KINGS BOULEVARD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ORCHARD, PEG	
STREET ADDRESS	30 KINGS BOULEVARD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, NAT	
STREET ADDRESS	175 CROWN DRIVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWEHLA, LORNA	
STREET ADDRESS	157 KINGS BOULEVARD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input type="checkbox"/> Delete
NAME	KROON, BIRGIT	
STREET ADDRESS	217 PRINCE DRIVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAITZ, MARIE	
STREET ADDRESS	44 KNIGHT DRIVE	
CITY-ST-ZIP	LEESBURG FL 34748	

TITLE	D.T.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH JAMES C.	
STREET ADDRESS	189 DUTCHESS DR.	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ WILFRED F.	
STREET ADDRESS	4 KINGS BLVD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH ROBERT	
STREET ADDRESS	121 QUEENS DR	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOWE EARL	
STREET ADDRESS	237 PRINCE DR.	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLNOW ARLENE	
STREET ADDRESS	167 KINGS BLVD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 C. Smith JAMES C SMITH

02-08-06 352-323-8753