## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000003337

FILED Mar 03, 2009 Secretary of State

Entity Name: CORLEY ISLAND HOMEOWNERS ASSOCIATION OF LEESBURG, INC.

**Current Principal Place of Business: New Principal Place of Business:** 138 KINGS BOULEVARD LEESBURG, FL 34748 **Current Mailing Address: New Mailing Address:** 138 KINGS BOULEVARD LEESBURG, FL 34748 FEI Number: 59-2871839 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLLING, LEE J 529 VERSAILLES DR, STE 103 MAITLAND, FL 32751 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition WILLIS, MAY MONROE, GARY Name: Name: 49 HILLCREST Address: 109 QUEENS DR Address: City-St-Zip: LEESBURG, FL 34748 LEESBURG, FL 34748 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete BOWMAN, CHARLES Name: PEREZ, FRED Name: Address: 141 KINGS BLVD Address: 4 KINGS BLVD City-St-Zip: LEESBURG, FL 34748 City-St-Zip: LEESBURG, FL 34748 Title: () Delete Title: (X) Change ( ) Addition MONROE, GARY MIKE, COYNE Name: Name: Address: 109 QUEENS DR. Address: 107 QUEENS DR City-St-Zip: LEESBURG, FL 34748 City-St-Zip: LEESBURG, FL 34748 Title: () Delete Title: () Change () Addition Name: ROIGER, LELA Name: 171 CROWN DR. Address: Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition WHISKER, RAYMOND NUTT, FRANK Name: Name: 9 KINGS BLVD 129 QUEENS DR Address: Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: LEESBURG, FL 34748 Title: (X) Delete Title: () Change () Addition NUTT. FRANK Name: Name: Address: 129 QUEENS DR. Address: LEESBURG, FL 34748 City-St-Zip: City-St-Zip:

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: GARY MONROE P 03/03/2009