

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 05, 2009
Secretary of State

DOCUMENT# N07000003741

Entity Name: LEPORELLO CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**12100 CAPRI CIRCLE SOUTH
TREASURE ISLAND, FL 33706**New Principal Place of Business:****Current Mailing Address:**12100 CAPRI CIRCLE SOUTH
TREASURE ISLAND, FL 33706**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MARTIN, JOHN
401 SOUTH LINCOLN AVENUE
CLEARWATER, FL 33756 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: PD () Delete
Name: OEHMS, PETER E
Address: 6536 6TH. AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: VPD () Delete
Name: OEHMS, CAROLIN
Address: 6536 6TH. AVE. NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: ST () Delete
Name: RUTISHAUSER, MARCEL
Address: 6536 6TH. AVE. NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NASELLO, KAREN M
Address: 12100 CAPRI CR S #205
City-St-Zip: TREASURE ISLAND, FL 33706

Title: TRE (X) Change () Addition
Name: ZIMMER, SHARON K
Address: 11320 MCMULLEN LOOP
City-St-Zip: RIVERVIEW, FL 33569

Title: ST (X) Change () Addition
Name: MEIER, DEONNE M
Address: 7990 11TH AVE S
City-St-Zip: ST. PETERSBURG, FL 33707

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: KAREN M NASELLO

PD

06/05/2009

Electronic Signature of Signing Officer or Director

Date