

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000003741

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**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:**

LAMONT, SUE  
250 104TH AVENUE  
TREASURE ISLAND, FL 33706 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: P  
Name: NASELLO, KAREN M  
Address: 12100 CAPRI CR S #205  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: S/T  
Name: MCGOFF, TOM  
Address: 295 ROMA AVENUE  
City-St-Zip: STATEN ISLAND, NY 10306

Title: VP  
Name: SCHULTHEIS, DAN  
Address: 36 ARNOLD ESTATE LANE  
City-St-Zip: AJAX, ONTARIO CANADA, CD L1S 7L6

I hereby 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 all other like empowered.

SIGNATURE: KAREN NASELLO

P

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date