


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90018 047 \*\*\*\*61.25

<b>DOCUMENT # N16296</b> 1. Entity Name <b>LEACH ESTATES HOME OWNERS ASSOCIATION INC.</b>					
Principal Place of Business <b>11768 CAMPHOR WAY</b> <b>SEMINOLE, FL 33772 US</b>				Mailing Address <b>11768 CAMPHOR WAY</b> <b>SEMINOLE, FL 33772 US</b>	
2. Principal Place of Business - No P.O. Box # <b>11795 CAMPHOR WAY</b>		3. Mailing Address <b>11795 CAMPHOR WAY</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>SEMINOLE, FL</b>		City & State <b>SEMINOLE, FL</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>33772</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TOLLIVER, LINDA</b> <b>11795 CAMPHOR WAY</b> <b>SEMINOLE, FL 33772</b>				7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <u><i>Lynn Paoli, Secretary</i></u> DATE <u><i>Feb 24, 2007</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE <b>PD</b>	<input type="checkbox"/> Delete				
NAME <b>TOLLIVER, LINDA</b>					
STREET ADDRESS <b>11711 CAMPHOR WAY</b>					
CITY-ST-ZIP <b>SEMINOLE, FL 33772</b>					
TITLE <b>VD</b>	<input type="checkbox"/> Delete				
NAME <b>MAHOWSKI, TOM</b>					
STREET ADDRESS <b>6885 CITRUS DR.</b>					
CITY-ST-ZIP <b>SEMINOLE, FL 33772</b>					
TITLE <b>STD</b>	<input type="checkbox"/> Delete				
NAME <b>PAOLI, LYNN</b>					
STREET ADDRESS <b>11768 CAMPHOR WAY</b>					
CITY-ST-ZIP <b>SEMINOLE, FL</b>					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME <b>TOLLIVER, LINDA</b>					
STREET ADDRESS <b>11795 CAMPHOR WAY</b>					
CITY-ST-ZIP <b>SEMINOLE, FL 33772</b>					
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME 	<b>NO CHANGE</b>				
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE <b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME <b>LINDA TOLLIVER</b>					
STREET ADDRESS <b>11795 CAMPHOR WAY</b>					
CITY-ST-ZIP <b>SEMINOLE, FL 33772</b>					
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
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 Chapter 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: <u><i>Lynn Paoli, Secretary</i></u> DATE <u><i>Feb 24, 2007</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					