

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16296

FILED
Mar 29, 2009
Secretary of State

Entity Name: LEACH ESTATES HOME OWNERS ASSOCIATION INC.

Current Principal Place of Business:

11657 CAMPHOR WAY
SEMINOLE, FL 33772 US

New Principal Place of Business:

Current Mailing Address:

11657 CAMPHOR WAY
SEMINOLE, FL 33772 US

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:

KIRN, ANNELORE
11657 CAMPHOR WAY
SEMINOLE, FL 33772 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: TOLLIVER, LINDA
Address: 11795 CAMPHOR WAY
City-St-Zip: SEMINOLE, FL 33772

Title: VD () Delete
Name: MAHOWSKI, TOM
Address: 6885 CITRUS DR.
City-St-Zip: SEMINOLE, FL 33772

Title: STD () Delete
Name: KIRN, ANNELORE
Address: 11657 CAMPHOR WAY
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROZANCE, DANA
Address: 11601 CAMPHOR WAY
City-St-Zip: SEMINOLE, FL 33772

Title: VD (X) Change () Addition
Name: CHAMBERS, BOB
Address: 6884 CITRUS DR.
City-St-Zip: SEMINOLE, FL 33772

Title: () Change () Addition
Name:
Address:
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: ANNELORE KIRN

STD

03/29/2009

Electronic Signature of Signing Officer or Director

Date