


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N36420</b> 1. Entity Name <b>LECO CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>1789-3 RIVER RD. JACKSONVILLE, FL 32207 US</b>	Mailing Address <b>1789-3 RIVER RD. JACKSONVILLE, FL 32207 US</b>
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**DO NOT WRITE IN THIS SPACE**



03082007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2998757</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**POWELL, CYNTHIA  
1789-3 RIVER RD.  
JACKSONVILLE, FL 32207**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000661430 03/20/07-80042-001 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POWELL, CYNTHIA 1789-3 RIVER RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STURDIVANT, MARQUETTA 11761 CHESTNUT OAK DR E JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUKAB, RENA 1552 LEBARON AVE JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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, 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:** *Cynthia S. Powell* **3-8-07 (904) 353-7070**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #