


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90010 014 \*\*\*\*61.25

<b>DOCUMENT # N36420</b> 1. Entity Name LECO CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1789-3 RIVER RD. JACKSONVILLE, FL 32207 US	Mailing Address 1789-3 RIVER RD. JACKSONVILLE, FL 32207 US
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**50001513**



02112008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2998757</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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	VP Todd, Michelle 4206 Harbour Island Dr. JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>Treasurer</b> <b>3-1-08 (904)353-7070</b> <small>Date Daytime Phone #</small>
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