

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90128 016 \*\*\*\*61.25

<b>DOCUMENT # N93000001569</b> 1. Entity Name LEIGH LAKES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5950 IMPERIAL LAKES BLVD. MULBERRY, FL 33860			Mailing Address P O BOX 943 MULBERRY, FL 33860 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3189451	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  SCHMIDT, ARNOLD 3740 EMERALD LN MULBERRY, FL 33860				7. Name and Address of New Registered Agent Name <u>BOURQUEIN, ROBERT</u> Street Address (P.O. Box Number is Not Acceptable) <u>3602 TIGEREYE COURT</u> City <u>MULBERRY</u> <u>FL</u> Zip Code <u>33860</u>	
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>Robert Bourquein</u> <u>3/28/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOURQUEIN, BOB 3602 TIGER EYE COURT MULBERRY, FL 33860	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHMIDT, ARNOLD 3740 EMERALD LN MULBERRY, FL 33860	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NATHAN SCHOOL 3636 STAR BURST COURT Mulberry FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOWARD, JAMES 3700 EMERALD LANE MULBERRY, FL 33860	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, KEITH 3717 TIGEREYE COURT MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARYL, BOB 3695 EMERALD LN MULBERRY, FL 33860	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWNSEND, DENNY 3732 TIGEREYE CT MULBERRY, FL 33860	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, JIM 3697 TIGER EYE COURT MULBERRY, FL 33860	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAME
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>Robert Bourquein</u> <u>3/28/07</u> <u>863.425.3003</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					