2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

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Entity Name: LEIGH LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3602 TIGEREYE COURT
MULBERRY, FL 33860

New Principal Place of Business:

Current Mailing Address:

P O BOX 943
MULBERRY, FL 33860 US

New Mailing Address:

FEI Number: 59-3189451 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOURQUEIN, ROBERT
3602 TIGEREYE COURT
MULBERRY, FL 33860 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:	WILLIAMS, KEITH	
Address:	3717 TIGER EYE COURT	
City-St-Zip:	MULBERRY, FL 33860	
Title:	VD	( ) Delete
Name:	SCHOON, NATHAN	
Address:	3636 STARBURST COURT	
City-St-Zip:	MULBERRY, FL 33860	
Title:	TD	( ) Delete
Name:	BOURQUEIN, ROBERT	
Address:	3602 TIGEREYE COURT	
City-St-Zip:	MULBERRY, FL 33860	
Title:	SD	( ) Delete
Name:	CARYL, BOB	
Address:	3695 EMERALD LANE	
City-St-Zip:	MULBERRY, FL 33860	
Title:	D	( ) Delete
Name:	YOUNG, TOMMY	
Address:	3642 TIGEREYE COURT	
City-St-Zip:	MULBERRY, FL 33860	
Title:	D	( ) Delete
Name:	MOORE, JIM	
Address:	3697 TIGER EYE COURT	
City-St-Zip:	MULBERRY, FL 33860	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	THOUSAND, DONNA	
Address:	3557 TIGEREYE COURT	
City-St-Zip:	MULBERRY, FL 33860	

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: ROBERT BOURQUEIN TD 01/10/2009

Electronic Signature of Signing Officer or Director — Date