

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001750

FILED
Jan 04, 2005
Secretary of State

Entity Name: LEALMAN COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

4361 45TH ST NO
ST. PETERSBURG, FL 33714

New Principal Place of Business:

Current Mailing Address:

4361 45TH ST NO
ST. PETERSBURG, FL 33714

New Mailing Address:

FEI Number: 59-3694708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NERI, RAYMOND H
4361 45TH ST NO
ST. PETERSBURG, FL 33714 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: DP () Delete
Name: NERI, RAYMOND H
Address: 4361 45TH ST NO
City-St-Zip: ST. PETERSBURG, FL 33714

Title: VD () Delete
Name: FRANK, JOHN
Address: 3837 44TH AVE N
City-St-Zip: LEALMAN, FL 33714

Title: TSD () Delete
Name: MAUREE, KIMBALL
Address: 4747 47TH AVE N
City-St-Zip: LEALMAN, FL 33714

Title: VD () Delete
Name: CLARK, TONY
Address: 4580 40TH ST N
City-St-Zip: LEALMAN, FL 33714

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: VD (X) Change () Addition
Name: KIMBALL, RONALD
Address: 4747 47TH AVE N
City-St-Zip: LEALMAN, FL 33714

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RAYMOND H. NERI

PD

01/04/2005

Electronic Signature of Signing Officer or Director

Date