


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90009 020 ****61.25

DOCUMENT # N95000001750 1. Entity Name LEALMAN COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 4361 45TH ST NO ST. PETERSBURG, FL 33714			Mailing Address 4361 45TH ST NO ST. PETERSBURG, FL 33714		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-3694708				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NERI, RAYMOND H 4361 45TH ST NO ST. PETERSBURG, FL 33714				Name NERI, RAYMOND H. Street Address (P.O. Box Number is Not Acceptable) 4361 45TH ST. NO City LEALMAN FL Zip Code 33714	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NERI, RAYMOND H		NAME		
STREET ADDRESS	4361 45TH ST NO		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33714		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FRANK, JOHN		NAME	SHAFER, ROBERT	
STREET ADDRESS	3837 44TH AVE N		STREET ADDRESS	5820 39TH ST. NO.	
CITY-ST-ZIP	LEALMAN, FL 33714		CITY-ST-ZIP	LEALMAN, FL 33714	
TITLE	TSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAUREE, KIMBALL		NAME		
STREET ADDRESS	4747 47TH AVE N		STREET ADDRESS		
CITY-ST-ZIP	LEALMAN, FL 33714		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIMBALL, RONALD		NAME		
STREET ADDRESS	4747 47TH AVE N		STREET ADDRESS		
CITY-ST-ZIP	LEALMAN, FL 33714		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 affidavit, with all other like empowered.					
SIGNATURE: RAYMOND H. NERI <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/1/06 727-527-5952 <small>Date Daytime Phone #</small>		