

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000001750

**FILED**  
**Jan 11, 2011**  
**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  
Name: NERI, RAYMOND H  
Address: 4361 45TH ST NO  
City-St-Zip: ST. PETERSBURG, FL 33714

Title: VD  
Name: SHAFFER, LINDA  
Address: 5820 39TH ST N  
City-St-Zip: LEALMAN, FL 33714

Title: TSD  
Name: MURPHY, SYLVIA  
Address: 7901 40TH AVE. N., 96  
City-St-Zip: LEALMAN, FL 33709

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

Title: S  
Name: DICKSON, LOUISE  
Address: 7901 40TH AVE. N., 66  
City-St-Zip: LEALMAN, FL 33709

I hereby 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 all other like empowered.

SIGNATURE: RAYMOND H. NERI

PRES

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date