

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90031 031 \*\*\*\*61.25

<b>DOCUMENT # N97000001877</b>					
<b>1. Entity Name</b> LEESBURG LANDING HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 88 FOUNTAIN DR LEESBURG, FL 34748			<b>Mailing Address</b> 88 FOUNTAIN DR LEESBURG, FL 34748		
<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> 136 LANDING DR Suite, Apt. #, etc.			
<b>City &amp; State</b> City: Leesburg FL		<b>4. FEI Number</b> 59-3459159		Applied For <input type="checkbox"/> Not Applicable	
<b>Zip</b> 34748		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GORGE, NANCY 88 FOUNTAIN DR LEESBURG, FL 34748			<b>7. Name and Address of New Registered Agent</b> Name: ANN ROBBINS Street Address (P.O. Box Number is Not Acceptable): 136 LANDING DR City: Leesburg FL Zip Code: 34748		
<b>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.</b>					
SIGNATURE _____ <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 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> 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>		
<b>TITLE</b> PD <b>NAME</b> PETERSEN, BRENDA <b>STREET ADDRESS</b> 127 LANDING DRIVE <b>CITY-ST-ZIP</b> LEESBURG, FL 34748	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> FLYNN, WILLIAM <b>STREET ADDRESS</b> 34 MEHALE DR <b>CITY-ST-ZIP</b> LEESBURG, FL 34748	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> DEJONG, GERTIE <b>STREET ADDRESS</b> 84 FOUNTAIN DRIVE <b>CITY-ST-ZIP</b> LEESBURG, FL 34748	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> HOLLIDAY, SHARON <b>STREET ADDRESS</b> 76 FOUNTAIN DR. <b>CITY-ST-ZIP</b> LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> TD <b>NAME</b> SWANSON SUZAN <b>STREET ADDRESS</b> 151 LANDING DR. <b>CITY-ST-ZIP</b> LEESBURG FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> GORG, NANCY <b>STREET ADDRESS</b> 88 FOUNTAIN DRIVE <b>CITY-ST-ZIP</b> LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> ANN ROBBINS <b>STREET ADDRESS</b> 136 LANDING DR. <b>CITY-ST-ZIP</b> LEESBURG, FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Suzan Swanson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1/29/08</u> Daytime Phone #: <u>352 5040408</u>		