

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 JAN 23 AM 9 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 712273 (2)

1. Corporation Name

LEISURE LAKES PROPERTY OWNERS CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 3273  
LAKE PLACID FL 33852

P.O. BOX 3273  
LAKE PLACID FL 33852

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/17/1967  
3a. Date of Last Report 10/25/1994

4. FEI Number 59-2878143  
Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip 33862 25 Country

28 Zip 33862 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALLAGHER, FRANK  
3011 BEECH ST.  
LAKE PLACID FL 33852

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Frank R. Gallagher*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1-13-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME GALLAGHER, FRANK  
STREET ADDRESS 3011 BEECH ST.  
CITY - ST - ZIP LAKE PLACID FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE D  
NAME TURPIN, ROGER  
STREET ADDRESS 3013 BEECH ST.  
CITY - ST - ZIP LAKE PLACID FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE T  
NAME LATHROP, ADELINE  
STREET ADDRESS 3014 BEECH STREET  
CITY - ST - ZIP LAKE PLACID FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE D  
NAME MAGEL, VELMA  
STREET ADDRESS 1010 MIMOSA ST.  
CITY - ST - ZIP LAKE PLACID FL

4.1 TITLE  Change  Addition  
4.2 NAME *S MAGEL,*  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE D  
NAME MALIK, RICHARD  
STREET ADDRESS 3007 BEECH ST.  
CITY - ST - ZIP LAKE PLACID FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE D  
NAME MATOUSEK, VIC  
STREET ADDRESS 904 GOLFVIEW DR  
CITY - ST - ZIP LAKE PLACID FL

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an update.

SIGNATURE: *Frank R. Gallagher*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

FRANK GALLAGHER

Date

1-13-95