FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

appears in Block 12 or Block 15

SIGNATURE:

changed, or on an attachment with an address



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

1996

712273 DOCUMENT # 1. Corporation Name

(2)

LEISURE LAKES PROPERTY OWNERS CIVIC ASSOCIATION,

Principal Plac	e of Business	Mailing Address			1 to min 1900, todas meis 118m 1900 ben eine eine eine eine eine eine eine		
P.O. BOX 32		P.O. BOX 3273					
LAKE PLACID FL 33862			LAKE PLACID FL 33862				
US		US	US		3. Date Incorporated or Qualified 3a. Date of Last Report 02/17/1967 01/23/1995		
2. Principal P	2a. Mailing Address			4. FEI Number		Applied For	
1	26				59-2878143		Not Applicable
Suite, Apt.	. #, etc	Suite, Apt. #, etc.	Suite, Aprt. #, etc.		\$8.75 Addi		.75 Additional
2		27	27		3. Certificate of Status Besired		ee Required
City & Stat	te	City & State			6. Election Campaign Financing	_ \$!	5.00 May Be
3		28	-,		Trust Fund Contribution		dded to Fees
Zφ	Country	Zıp	Country	/	8. This corporation has liability for in		er s. 199.032,
4	25	29	30			Yes [] No	
	9. Name and Address of Cu	rrent Hegistered Agent	81	T Name	10. Name and Address of New Re	gistered Agent	
			*'	Name			
GALLAGHER, FRANK				Street Add	lress (P.O. Box Number is Not Acceptable	e)	
3011 BEECH ST.							
LAKE PI	LACID FL 33852		83	·			
			84	City		85	Zip Code
 Pursuant or registe 	to the provisions of Sections 617.0	502 and 617.1508, Florida Statute	es, the above-	named corpo	oration submits this statement for the purp and of directors. I hereby accept the appo	ose of changing	its registered office
familiar w	vith, and accept the obligations of, S	Section 617.0503, Florida Statutes	ed by the conp i.	JOI BRIOTT S LOC	ard of directors, thereby accept the appo	intinent as registi	sied agent. i am
SIGNATURE						/-	16-96
	Signature, typed or printed name of registered a		TE Registered Age	nt signature require	od wherereinstating)	DATE	
12.	OFFICERS	AND DIRECTORS	13.		ADD:TIONS/CHANGE\$ TO OFFI	DERS AND DIRE	
IITLE	P	□ DELETE	1.1 TITLE			Char	nge 🔲 Addition
YAME:	GALLAGHER, FRANK		1.2 NAME				
STREET ADDRESS	3011 BEECH ST.		13 STREE	I ADDRESS			
CITY - ST - ZIP	LAKE PLACID FL		1.4 CITY-	ST-ZIP			
FITLE	D	DELETE	21 TITLE			Char	nge 🔲 Addition
NAME	TURPIN, ROGER		2.2 NAME				
STREET ADDRESS	3013 BEECH ST.		2 3 STHEE	I ADDRESS			
CITY - ST - ZIF	LAKE PLACID FL		2 4 CITY -	ST-ZIP			
TITLE	Τ	□ DELETE	31 TITLE			Char	nge 🔲 Addition
NAME	LATHROP, ADELINE		3.2 NAME				
STREET ADDRESS	3014 BEECH STREET		3.3 STREE	I ADDRESS			
CITY-ST-ZIP	LAKE PLACID FL		3 4. CITY-	ST-ZIP			·
TITLE	\$	DELETE	4 1 TITLE			Cha:	nge 🔲 Addition
NAME	NAGEL, VELMA		4. 2 NAME				
STREET ADGRESS	1010 MIMOSA ST.		4.3 STREE	I ADDRESS			
CITY - ST - ZIP	LAKE PLACID FL		4 4 CITY -	ST - ZIP			
TITLE	D	DEFELE	5 1 TITLE			☐ Char	nge 🔲 Addition
NAME	MALIK, RICHARD		5.2 NAME				
STREET ADDFESS	3007 BEECH ST.		53 STREE	I ADDRESS			
CITY - ST - ZIP	LAKE PLACID FL		5 4 CITY-	ST-ZIP			
TITLE	D	DELETE	61 TITLE			☐ Cha	nge 🔲 Add-tion
NAME	MATOUSEK, VIC		6.2 NAME				
STREET ADDRESS	904 GOLFVIEW DR		6 3 STREE	T ADDRESS			
CITY - ST - ZIP	LAKE PLACID FL		6.4 CHTY-	ST-ZIP			
14. I do here	by certify that the information suppl	ied with this filing is voluntarily furn	ished and doe	s not qualify	for the exemption stated in Section 119.0)7(3)(k), Florida S	atutes. I further
certify the oath; that	at the information indicated on this a FLam an officer or director of the co in Block 12 or Block	annual report or supplemental annu orporation or the receiver or truster or on an attachment with an addr	ual report is tr e empowered	ue and accura to execute th	ate and that my signature shall have the s is report as required by Chapter 617, Flo	xame lega: effect rida Statutes; and	as if made un d that my nan