

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 712273 (2)
1. Corporation Name
LEISURE LAKES PROPERTY OWNERS CIVIC ASSOCIATION, INC.



| | |
|---|---|
| Principal Place of Business P.O. BOX 3273 LAKE PLACID FL 33862 US | Mailing Address P.O. BOX 3273 LAKE PLACID FL 33862 US |
|---|---|

3. Date Incorporated or Qualified
02/17/1967

| | | |
|------------------------------------|---|---|
| 4. FEI Number 59-2878143 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
|------------------------------------|---|---|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**GALLAGHER, FRANK
3011 BEECH ST.
LAKE PLACID FL 33852**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name Adeline M. LATHROP |
| 82 Street Address (P.O. Box Number is Not Acceptable) 3014 BEECH ST. |
| 83 |
| 84 City LAKE PLACID FL 85 Zip Code 33852 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Adeline M. Lathrop* **ADELINE M. LATHROP** **1-7-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|--|
| TITLE P | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE PRES. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME GALLAGHER, FRANK | | 1.2 NAME ADELINE M. LATHROP | |
| STREET ADDRESS 3011 BEECH ST. | | 1.3 STREET ADDRESS 3014 BEECH ST. | |
| CITY-ST-ZIP LAKE PLACID FL | | 1.4 CITY-ST-ZIP LAKE PLACID, FL 33852 | |
| TITLE D | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE V. PRES. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME TURPIN, ROGER | | 2.2 NAME FRANK GALLAGHER | |
| STREET ADDRESS 3013 BEECH ST. | | 2.3 STREET ADDRESS 3011 BEECH ST | |
| CITY-ST-ZIP LAKE PLACID FL | | 2.4 CITY-ST-ZIP LAKE PLACID, FL 33852 | |
| TITLE T | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE Sec. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME LATHROP, ADELINE | | 3.2 NAME BERTHA ZINGLER | |
| STREET ADDRESS 3014 BEECH STREET | | 3.3 STREET ADDRESS 3005 BEECH ST | |
| CITY-ST-ZIP LAKE PLACID FL | | 3.4 CITY-ST-ZIP LAKE PLACID, FL 33852 | |
| TITLE S | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE TREAS. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME NAGEL, VELMA | | 4.2 NAME SUE DAISHER | |
| STREET ADDRESS 1010 MIMOSA ST. | | 4.3 STREET ADDRESS 3037 WATERWAY DRIVE | |
| CITY-ST-ZIP LAKE PLACID FL | | 4.4 CITY-ST-ZIP LAKE PLACID, FL 33852 | |
| TITLE D | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MALIK, RICHARD | | 5.2 NAME Walt Nagel | |
| STREET ADDRESS 3007 BEECH ST. | | 5.3 STREET ADDRESS 1010 mimosa st. | |
| CITY-ST-ZIP LAKE PLACID FL | | 5.4 CITY-ST-ZIP Lake placid, Fl. 33852 | |
| TITLE D | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE Dir. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MATOUSEK, VIC | | 6.2 NAME Les Teach | |
| STREET ADDRESS 904 GOLFVIEW DR | | 6.3 STREET ADDRESS 1120 Peachtree Dr | |
| CITY-ST-ZIP LAKE PLACID FL | | 6.4 CITY-ST-ZIP Lake placid, FL 33852 | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 empowered 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 address.

SIGNATURE *Adeline M. Lathrop* **ADELINE M. LATHROP**

CR2E037 (10/97)