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**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90106 033 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 712273**

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
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2. Principal Place of Business 21 <i>Lake Placid, FL. 33862</i>	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/17/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2878143
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LATHROP, ADELINE M 3014 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATHROP, ADELINE M	1.2 NAME	
STREET ADDRESS	3014 BEECH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, FRANK	2.2 NAME	
STREET ADDRESS	3011 BEECH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZINGLER, BERTHA	3.2 NAME	
STREET ADDRESS	3005 BEECH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAISHER	4.2 NAME	DAISHER, Sue
STREET ADDRESS	3037 WATERWAY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAGEL, WALT	5.2 NAME	
STREET ADDRESS	1010 MIMOSA ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TESCH, LES	6.2 NAME	Notaro, Anthony
STREET ADDRESS	1120 PEACHTREE DR	6.3 STREET ADDRESS	3003 Beech Street
CITY-ST-ZIP	LAKE PLACID FL 33852	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, with all other like empowered.

SIGNATURE: Adeline M. Lathrop **FILED** Adeline M. Lathrop - 6-99 941-465-1191  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)