

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712273

1. Entity Name

LEISURE LAKES PROPERTY OWNERS CIVIC ASSOCIATION,

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90026 010 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 3273
 LAKE PLACID FL 33862
 US

P.O. BOX 3273
 LAKE PLACID FL 33862-3273
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2878143

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LATHROP, ADELINE M
3014 BEECH ST
LAKE PLACID FL 33852

Name

Ottlin Wegner

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

1132 Peachtree Drive

Lake Placid, FL 33852

City

Lake Placid,

FL

Zip Code
33852

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.

SIGNATURE

Ottlin A Wegner

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

(NOTE: Registered Agent signature required when reinstating)

1-17-2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PP	<input checked="" type="checkbox"/> Delete
NAME	LATHROP, ADELINE M	
STREET ADDRESS	3014 BEECH ST	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GALLAGHER, FRANK	
STREET ADDRESS	3011 BEECH ST	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ZINGLER, BERTHA	
STREET ADDRESS	3005 BEECH ST	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DAISHER, SUE	
STREET ADDRESS	3037 WATERWAY DR	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NAGEL, WALT	
STREET ADDRESS	1010 MIMOSA ST	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NATANO, ANTHONY	
STREET ADDRESS	3003 BEECH ST	
CITY-ST-ZIP	LAKE PLACID FL 33852	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ottlin Wegner	
STREET ADDRESS	1132 Peachtree	
CITY-ST-ZIP	Lake placid, Fl. 33852	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Russo	
STREET ADDRESS	3012 Beech Street	
CITY-ST-ZIP	Lake Placid, FL. 33852	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Geri Russo	
STREET ADDRESS	3012 Beech Street	
CITY-ST-ZIP	Lake Placid, FL. 33852	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adeline M. Lathrop	
STREET ADDRESS	3014 Beech Street	
CITY-ST-ZIP	Lake Placid, FL. 33852	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reesa Boyce	
STREET ADDRESS	3000 Beech Street	
CITY-ST-ZIP	Lake Placid, FL. 33852	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Blovsky	
STREET ADDRESS	1012 Peachtree Drive	
CITY-ST-ZIP	Lake Placid, FL. 33852	

12. 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 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.

SIGNATURE:

Ottlin A Wegner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2000 863-699-9730

Date

Daytime Phone #

CR2E037 (9/99)