

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

02-11-2002 90132 042 ****61.25

DOCUMENT # 712273

1. Entity Name

LEISURE LAKES PROPERTY OWNERS CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 3273
 LAKE PLACID FL 33862
 US

P.O. BOX 3273
 LAKE PLACID FL 33862
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2878143

Applied For

Not Applicable

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

WEGNER, OTTLIN
1132 PEACHTREE DR
LAKE PLACID FL 33852

Name

John Blovsky

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

1012 Peachtree Drive

City

Lake Placid, Fl.

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 **John Blovsky**

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

John Blovsky

(NOTE: Registered Agent signature required when reinstating)

3/13/02

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 Delete
 NAME **LATHROP, ADELINE M**
 STREET ADDRESS **3014 BEECH ST**
 CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE Delete
 NAME **WEGNER, OTTLIN**
 STREET ADDRESS **1132 PEACHTREE**
 CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE Delete
 NAME **RUSSO, JOHN**
 STREET ADDRESS **3012 BEECH ST**
 CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE Delete
 NAME **REANEY, NANCY**
 STREET ADDRESS **3008 ASH STREET**
 CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE Delete
 NAME **BOYCE, REESA**
 STREET ADDRESS **3000 BEECH ST**
 CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE Delete
 NAME **BLOVSKY, JOHN**
 STREET ADDRESS **1012 PEACHTREE DR**
 CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE T Change Addition
 NAME **Maxine Wegner**
 STREET ADDRESS **1132 Peachtree Dr.**
 CITY-ST-ZIP **Lake Placid, Fl. 33852**

TITLE P. Change Addition
 NAME **John Blovsky**
 STREET ADDRESS **1012 Peachtree Drive**
 CITY-ST-ZIP **Lake Placid, Fl. 33852**

TITLE VP Change Addition
 NAME **Richard Reaney**
 STREET ADDRESS **3008 Ash Street**
 CITY-ST-ZIP **Lake Placid, Fl. 33852**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Change Addition
 NAME **Adeline Lathrop**
 STREET ADDRESS **3014 Beech Street**
 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)(l), 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:

John Blovsky
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02
 Date

863-699-9844
 Daytime Phone #

CR2E037 (9/01)