

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

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LATHROP, ADELINE M	
STREET ADDRESS	3014 BEECH ST	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WEGNER, OTTLIN	
STREET ADDRESS	1132 PEACHTREE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RUSSO, JOHN	
STREET ADDRESS	3012 BEECH ST	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	S	<input type="checkbox"/> Delete
NAME	REANEY, NANCY	
STREET ADDRESS	3008 ASH STREET	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYCE, REESA	
STREET ADDRESS	3000 BEECH ST	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLOVSKY, JOHN	
STREET ADDRESS	1012 PEACHTREE DR	
CITY-ST-ZIP	LAKE PLACID FL 33852	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maxine Wegner	
STREET ADDRESS	1132 Peachtree Dr.	
CITY-ST-ZIP	Lake Placid, Fl. 33852	
TITLE	P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Blovsky	
STREET ADDRESS	1012 Peachtree Drive	
CITY-ST-ZIP	Lake Placid, Fl. 33852	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Reaney	
STREET ADDRESS	3008 Ash Street	
CITY-ST-ZIP	Lake Placid, Fl. 33852	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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)