

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90028 001 \*\*\*\*61.25

**DOCUMENT # 712273**  
1. Entity Name  
**LEISURE LAKES HOME 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



MOORE CR2E037 (11/03)

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **59-2878143**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BLOVSKY, JOHN**  
**1012 PEACHTREE DRIVE**  
**LAKE PLACID FL 33852**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	WEGNER, MAXINE	<input type="checkbox"/> Delete
STREET ADDRESS	1132 PEACHTREE DR	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE NAME	BLOVSKY, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	1012 PEACHTREE DRIVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE NAME	REANEY, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	3003 ASH STREET	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE NAME	REANEY, NANCY	<input type="checkbox"/> Delete
STREET ADDRESS	3008 ASH STREET	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE NAME	BOYCE, REESA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3000 BEECH ST	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE NAME	LATHROP, ADELINE	<input type="checkbox"/> Delete
STREET ADDRESS	3014 BEECH STREET	
CITY-ST-ZIP	LAKE PLACID FL 33852	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Lorraine Tzoucalis	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3000 Ash Street	
CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: JOHN BLOVSKY *John Blovsky* **2/5/04** **863-699-9844**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #