


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90181 042 ****61.25

DOCUMENT # 712273 1. Entity Name LEISURE LAKES HOME OWNERS CIVIC ASSOCIATION, INC.	
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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	3. Mailing Address	02212005 Chg-NP CR2E037 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 59-2878143
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLOVSKY, JOHN 1012 PEACHTREE DRIVE LAKE PLACID, FL 33852	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEGNER, MAXINE	NAME	
STREET ADDRESS	1132 PEACHTREE DR	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID, FL 33852	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOVSKY, JOHN	NAME	
STREET ADDRESS	1012 PEACHTREE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID, FL 33852	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REANEY, RICHARD	NAME	
STREET ADDRESS	3003 ASH STREET	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID, FL 33852	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REANEY, NANCY	NAME	
STREET ADDRESS	3008 ASH STREET	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID, FL 33852	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TZOUCALIS, LORRAINE	NAME	
STREET ADDRESS	3000 ASH ST.	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID, FL 33852	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LATHROP, ADELINE	NAME	<i>Micheline Byron</i>
STREET ADDRESS	3014 BEECH STREET	STREET ADDRESS	<i>948 Peach Tree Dr.</i>
CITY-ST-ZIP	LAKE PLACID, FL 33852	CITY-ST-ZIP	<i>Lake Placid, FL 33852</i>

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: *Maxine M. Wegner* *Maxine M. Wegner*, *24 February 2005* *863-699-9730*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #