


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90031 014 \*\*\*\*61.25

<b>DOCUMENT # 712273</b>					
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			
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 <input type="checkbox"/> \$8.75 Additional Fee Required	
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 <u>RICHARD REANEY</u> Street Address (P.O. Box Number is Not Acceptable) <u>3008 ASH STREET</u> City <u>LAKE PLACID</u> <u>FL</u> Zip Code <u>33852</u>		
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 <u>Richard B. Reaney</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>			DATE <u>1-28-06</u>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEGNER, MAXINE 1132 PEACHTREE DR LAKE PLACID, FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SEBERT E. REESE II 3046 MORNING GLORY DR LAKE PLACID, FL 33852 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLOVSKY, JOHN 1012 PEACHTREE DRIVE LAKE PLACID, FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BLOVSKY, JOHN 1012 PEACHTREE DR. LAKE PLACID, FL 33852 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REANEY, RICHARD 3003 ASH STREET LAKE PLACID, FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT REANEY, RICHARD 3008 ASH STREET LAKE PLACID FL 33852 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REANEY, NANCY 3008 ASH STREET LAKE PLACID, FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR REANEY, NANCY 3008 ASH STREET LAKE PLACID, FL 33852 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TZOUCALIS, LORRAINE 3000 ASH ST. LAKE PLACID, FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER TERRY REESE 3046 MORNING GLORY DR. LAKE PLACID, FL 33852 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRON, MICHELENE 948 PEACH TREE DR LAKE PLACID, FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY PAT FLDCKE 1052 JONQUIL ST LAKE PLACID, FL 33852 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>TERRY REESE</u> <u>Terry Reese</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>1-25-06</u> Daytime Phone # <u>863-699-6981</u>		

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01252006 Chg-NP CR2E037 (11/05)