


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90043 039 ****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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REANEY, RICHARD 3008 ASH ST LAKE PLACID, FL 33852				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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>				DATE <u>1-26-07</u>	
Filing Fee is \$61.25 Due by May 1, 2007				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	T	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEGNER, MAXINE		NAME	TERRY REESE	
STREET ADDRESS	1132 PEACHTREE DR		STREET ADDRESS	3046 MORNING GLORY DR	
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLOVSKY, JOHN		NAME	GENE REESE	
STREET ADDRESS	1012 PEACHTREE DRIVE		STREET ADDRESS	3046 MORNING GLORY DR	
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	P	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REANEY, RICHARD		NAME	PAT FLOCKE	
STREET ADDRESS	3008 ASH ST		STREET ADDRESS	1052 JONQUIL ST	
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	D	<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	3046 MORNING GLORY DR		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	BYRON, MICHELENE		NAME		
STREET ADDRESS	948 PEACH TREE DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP		
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>				DATE <u>1-26-07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>TREASURER</u>				Daytime Phone # <u>863-699-6981</u>	