

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712273

FILED
Feb 18, 2009
Secretary of State

Entity Name: LEISURE LAKES HOME OWNERS CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 3273
LAKE PLACID, FL 33862 US

New Principal Place of Business:

10 CLUB HOUSE RD.
LAKE PLACID, FL 33852 US

Current Mailing Address:

P.O. BOX 3273
LAKE PLACID, FL 33862 US

New Mailing Address:

FEI Number: 59-2878143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REANEY, RICHARD
3008 ASH ST
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: REESE, TERRY
Address: 3046 MORNING GLORY DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: BLOVKSY, JOHN
Address: 1012 PEACHTREE DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: P () Delete
Name: REANEY, RICHARD
Address: 3008 ASH ST
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: REANEY, NANCY
Address: 3008 ASH STREET
City-St-Zip: LAKE PLACID, FL 33852

Title: V () Delete
Name: REESE, GENE
Address: 3046 MORNING GLORY DR.
City-St-Zip: LAKE PLACID, FL 33852

Title: S () Delete
Name: KIRK, GENNY
Address: 3020 MORNING GLORY DR.
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD REANEY

P

02/18/2009

Electronic Signature of Signing Officer or Director

_____ Date