

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90144 020 ****61.25

DOCUMENT # 712273

1. Entity Name *HOME*
**LEISURE LAKES PROPERTY OWNERS CIVIC ASSOCIATION,
INC.**



Principal Place of Business Mailing Address
P.O. BOX 3273 P.O. BOX 3273
LAKE PLACID FL 33862 LAKE PLACID FL 33862
US 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 **\$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
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 _____

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Same

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, President*
SIGNATURE REQUIRED



CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)

1/15/03 863-699-9844