

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:52

DOCUMENT # **N12930** (6)
1. Corporation Name
LAKES AT LEESBURG RESIDENTS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
107 BUCCANEER DRIVE **107 BUCCANEER DR**
LEESBURG FL 34788 **LEESBURG FL 34788**
US

3. Date Incorporated or Qualified **01/10/1986** 3a. Date of Last Report **01/25/1994**

4. FEI Number **59-2623495** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

5. Certificate of Status Desired **\$8.75** Additional Fee Required

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

22 City & State 27 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24 Zip Country 25 Country 29 Zip Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SHIRLEY G. ABBOTT~~
~~33 BAYBERRY DRIVE~~
~~LEESBURG FL 34788~~

81 Name **GENEVIEVE DeVRIES**
82 Street Address (P.O. Box Number is Not Acceptable) **151 Buccaneer Dr.**
83
84 City **Leesburg, FL** 85 Zip Code **34788**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Genevieve J. DeVries* DATE **Jan. 18, 1995**
Print name, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~D~~
NAME ~~O'HARA, EDWARD~~
STREET ADDRESS ~~5 CEDAR KEY WAY~~
CITY- ST- ZIP ~~LEESBURG FL~~

1.1 TITLE Change Addition
1.2 NAME **S Genevieve DeVries**
1.3 STREET ADDRESS **151 Buccaneer Dr.**
1.4 CITY- ST- ZIP **Leesburg, Fl. 34788**

TITLE ~~P~~
NAME ~~MOLLER, PAUL~~
STREET ADDRESS ~~27 BAHIA WAY~~
CITY- ST- ZIP ~~LEESBURG FL~~

2.1 TITLE Change Addition
2.2 NAME **D Joel Oswalt**
2.3 STREET ADDRESS **3 Key Largo Way**
2.4 CITY- ST- ZIP **Leesburg, Fl. 34788**

TITLE ~~B~~
NAME ~~DOWLING, ROBERT~~
STREET ADDRESS ~~38 BAYBERRY DR~~
CITY- ST- ZIP ~~LEESBURG FL~~

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE ~~T~~
NAME ~~CARR, THERESA~~
STREET ADDRESS ~~17 BAHIA WAY~~
CITY- ST- ZIP ~~LEESBURG FL~~

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ~~D~~
NAME ~~JOSEPH FALCO~~
STREET ADDRESS ~~22 BUCCANEER DRIVE~~
CITY- ST- ZIP ~~LEESBURG FL~~

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ~~S~~
NAME ~~SHIRLEY ABBOTT~~
STREET ADDRESS ~~33 BAYBERRY DRIVE~~
CITY- ST- ZIP ~~LEESBURG FL~~

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Genevieve J. DeVries* DATE: **Jan. 18, 1995** TELEPHONE: **764-728-8604**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR