

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business
**107 BUCCANEER DRIVE
LEESBURG FL 34788**

Mailing Address
**107 BUCCANEER DR
LEESBURG FL 34788
US**

3. Date Incorporated or Qualified
01/10/1986

3a. Date of Last Report
01/30/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2623495		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country		29. Country					
25. Country		30. Country					

9. Name and Address of Current Registered Agent

**DEVRIES, GENEVIEVE
151 BUCCANEER DR.
LEESBURG FL 34788**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Genevieve N. Devries* DATE 1-26-96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVRIES, GENEVIEVE	1.2 NAME	
STREET ADDRESS	151 BUCCANEER DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSWALT, JOEL	2.2 NAME	OSWALT, JOEL
STREET ADDRESS	3 KEY LARGO WAY	2.3 STREET ADDRESS	3 KEY LARGO WAY
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	LEESBURG, FL. 34788
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWLING, ROBERT	3.2 NAME	JOHN ABELL
STREET ADDRESS	38 BAYBERRY DR	3.3 STREET ADDRESS	29 BUCCANEER DR.
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	LEESBURG, FL. 34788
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, THERESA	4.2 NAME	
STREET ADDRESS	17 BAHIA WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH FALCO	5.2 NAME	MARIE DEMMER
STREET ADDRESS	22 BUCCANEER DRIVE	5.3 STREET ADDRESS	43 BUCCANEER DR.
CITY-ST-ZIP	LEESBURG FL	5.4 CITY-ST-ZIP	LEESBURG, FL. 34788
TITLE	P <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIRLEY ABBOTT	6.2 NAME	HENRY PREWITT
STREET ADDRESS	33 BAYBERRY DRIVE	6.3 STREET ADDRESS	110 SEA FERN DRIVE
CITY-ST-ZIP	LEESBURG FL	6.4 CITY-ST-ZIP	LEESBURG, FL. 34788

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)(k), 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 N. Devries* DATE 1-26-96 DAYTIME PHONE # 352-728-8604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)