

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712273

Entity Name: LEISURE LAKES CIVIC ASSOCIATION INC.

Current Principal Place of Business:

3012 BEECH STREET
LAKE PLACID, FL 33852

Current Mailing Address:

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

FEI Number: 59-2878143

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MATHEW, MILLIE S
1056 LAKE CARRIE DRIVE
LAKE PLACID, FL 33852 US

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: MILLIE S MATHEW

02/02/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SORENSON, MIKE
Address 3012 BEECH STREET
City-State-Zip: LAKE PLACID FL 33852

Title VP
Name MILLER, BILL
Address 3128 TANGLEWYLDE AVE
City-State-Zip: LAKE PLACID FL 33852

Title TREASURER
Name MATHEW, MILLIE S
Address 1056 LAKE CARRIE DRIVE
City-State-Zip: LAKE PLACID FL 33852

Title SECRETARY
Name BOWERS, GAIL
Address 3025 MORNING GLORY DRIVE
City-State-Zip: LAKE PLACID FL 33852

Title DIRECTOR
Name KING, GINNY
Address 3005 BEECH STREET
City-State-Zip: LAKE PLACID FL 33852

Title DIRECTOR
Name MILLER, PEGGY
Address 3128 TANGLEWYLDE AVENUE
City-State-Zip: LAKE PLACID FL 33852

Title DIRECTOR
Name SCHNIERS, DANIEL
Address 3008 BROOKLANDS AVE
City-State-Zip: LAKE PLACID FL 33852

Title DIRECTOR
Name SORENSON, KATHY
Address 3012 BEECH STREET
City-State-Zip: LAKE PLACID FL 33852

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I hereby 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 all other like empowered.

SIGNATURE: MILLIE S MATHEW

TREASURER

02/02/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ECHEGOYEN, CARLOS
Address 3001 BEECH STREET
City-State-Zip: LAKE PLACID FL 33852

Title DIRECTOR
Name DAVIES, DON
Address 264 HENSCRATCH ROAD
City-State-Zip: LAKE PLACID FL 33852

Title DIRECTOR
Name SMOYER, KRISTEN
Address 1048 LAKE CARRIE DRIVE
City-State-Zip: LAKE PLACID FL 33852