

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712273

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

FILED
Feb 06, 2019
Secretary of State
8050889230CC

Current Principal Place of Business:

10 CLUB HOUSE RD.
LAKE PLACID, FL 33852

Current Mailing Address:

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

FEI Number: 59-2878143

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHNIERS, ROBERTA J
3008 BROOKLANDS AVE
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: ROBERTA J SCHNIERS

02/06/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title V
Name OTWAY, PETER
Address 3009 BEECH ST
City-State-Zip: LAKE PLACID FL 33852

Title T
Name SCHNIERS, ROBERTA J
Address 3008 BROOKLANDS AVE
City-State-Zip: LAKE PLACID FL 33852

Title S
Name CAROL, O'KANE
Address 1056 JONQUIL ST
City-State-Zip: LAKE PLACID FL 33852

Title D
Name SCHULTZ, DUANE
Address 1152 SYCAMORE STREET
City-State-Zip: LAKE PLACID FL 33852

Title D
Name REANEY, NANCY
Address 3008 ASH STREET
City-State-Zip: LAKE PLACID FL 33852

Title DIRECTOR
Name MIESSE, BYRON
Address 3050 MORNING GLORY DR
City-State-Zip: LAKE PLACID FL 33852

Title DIRECTOR
Name MIESSE, NANCY
Address 3050 MORNING GLORY DR
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: ROBERTA SCHNIERS

TREASURER

02/06/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LATHROP, ADDIE
Address 3014 BEECH ST
City-State-Zip: LAKE PLACID FL 33852

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

Title DIRECTOR
Name LEE, MARSHA
Address 3001 JACARANDA AVE
City-State-Zip: LAKE PLACID FL 33852