

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 712273

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

**FILED**  
**Feb 04, 2014**  
**Secretary of State**  
**CC4138993946**

**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:**

REESE, SEBERT E  
3046 MORNING GLORY DR.  
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: SEBERT E REESE**

**02/04/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name REESE, SEBERT E  
Address 3046 MORNING GLORY DR  
City-State-Zip: LAKE PLACID FL 33852

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

Title T  
Name REANEY, NANCY C  
Address 3008 ASH ST  
City-State-Zip: LAKE PLACID FL 33852

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

Title D  
Name SORENSON, MICHAEL A  
Address 3012 BEECH ST  
City-State-Zip: LAKE PLACID FL 33852

Title D  
Name FLOCKE, PATRICA  
Address 1052 JONQUIL ST  
City-State-Zip: LAKE PLACID FL 33852

*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: NANCY C REANEY**

**TREASURER**

**02/04/2014**

Electronic Signature of Signing Officer/Director Detail

Date