

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03401

Entity Name: LEISURE LAKES PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**3965 LEISURE LAKES DR
CHIPLEY, FL 32428**Current Mailing Address:**3965 LEISURE LAKES DR
CHIPLEY, FL 32428 US**FEI Number:** 59-2658898**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAIMERL, DIANE S
4119 LEISURE LAKES DR
CHIPLEY, FL 32428 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:** DIANE S HAIMERL

04/13/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GAINES, ALAN
Address 3320 EAGLE COURT
City-State-Zip: CHIPLEY FL 32428

Title SECRETARY
Name ROGERS, FREDRICK R
Address 4249 TURKEY RUN RD
City-State-Zip: CHIPLEY FL 32428

Title TREASURER
Name HAIMERL, DIANE
Address 4119 LEISURE LAKES DRIVE
City-State-Zip: CHIPLEY FL 32428

Title VP
Name LYNN, LEROY
Address 3464 QUAIL RIDGE DR
City-State-Zip: CHIPLEY FL 32428

Title ASREASURER, ASST.
Name ROGERS, TAMI
Address 4249 LEISURE LAKES DR
City-State-Zip: CHIPLEY FL 32428

Title DIRECTOR
Name LAWLEY, KERRY
Address 3121 TURKEY RUN RD
City-State-Zip: CHIPLEY FL 32428

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: DIANE HAIMERL**TREASURER**

04/13/2016

Electronic Signature of Signing Officer/Director Detail

Date