

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12930

**Entity Name:** LAKES AT LEESBURG RESIDENTS ASSOCIATION, INC.**Current Principal Place of Business:**9 LATTICE DRIVE  
LEESBURG, FL 34788**Current Mailing Address:**9 LATTICE DRIVE  
LEESBURG, FL 34788 US**FEI Number:** 59-2623495**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARRY, JAMES  
9 LATTICE DRIVE  
LEESBURG, FL 34788 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:** JAMES BARRY

01/25/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BIRN, STEVE  
Address        6 SUGARBOAT DRIVE  
City-State-Zip: LEESBURG FL 34788

Title            VP  
Name            HARTSBERG, LIZ  
Address        61 LATTICE DRIVE  
City-State-Zip: LEESBURG FL 34788

Title            VP, 2  
Name            REED, KATHY  
Address        8 SUGARBOAT DRIVE  
City-State-Zip: LEESBURG FL 34788

Title            SECRETARY  
Name            HAVERSTOCK, DUANE  
Address        16 KEY WEST DRIVE  
City-State-Zip: LEESBURG FL 34788

Title            TREASURER  
Name            BARRY, JAMES  
Address        9 LATTICE DRIVE  
City-State-Zip: LEESBURG FL 34788

Title            ASSISTANT TREASURER  
Name            SHEA, CAROL  
Address        11 LATTICE DRIVE  
City-State-Zip: LEESBURG FL 34788

Title            DIRECTOR  
Name            MINER, ARLENE  
Address        58 SEA FERN DRIVE  
City-State-Zip: LEESBURG FL 34788

Title            DIRECTOR  
Name            KEMP, GARY  
Address        49 SEA FERN DRIVE  
City-State-Zip: LEESBURG FL 34788

*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:** JAMES BARRY

TREASURER

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date