

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12930

**Entity Name:** LAKES AT LEESBURG RESIDENTS ASSOCIATION, INC.**Current Principal Place of Business:**107 BUCCANEER DRIVE  
LEESBURG, FL 34788**Current Mailing Address:**107 BUCCANEER DR  
LEESBURG, FL 34788 US**FEI Number:** 59-2623495**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONNOR, LORRAINE  
10 KEY BISCAYNE WAY  
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:** LORRAINE CONNOR

02/25/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name GUZALIAK, HARRY  
Address 87 BUCCANEER DRIVE  
City-State-Zip: LEESBURG FL 34788

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

Title DIRECTOR  
Name CONNOR, LORRAINE  
Address 10 KEY BISCAYNE WAY  
City-State-Zip: LEESBURG FL 34788

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

Title ASST. TREASURER  
Name SHEA, CAROL  
Address 11 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 DIRECTOR  
Name MINER, ARLENE  
Address 58 SEA FERN DRIVE  
City-State-Zip: LEESBURG FL 34788

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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:** LORRAINE CONNOR

TREASURER

02/25/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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