

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90009 012 ****61.25

DOCUMENT # 712273

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



Principal Place of Business
**P.O. BOX 3273
LAKE PLACID, FL 33862 US**

Mailing Address
**P.O. BOX 3273
LAKE PLACID, FL 33862 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2878143

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REANEY, RICHARD
3008 ASH ST
LAKE PLACID, FL 33852**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Delete
NAME **REESE, TERRY**
STREET ADDRESS **3046 MORNING GLORY DRIVE**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE **V** ☐ Change ☒ Addition
NAME **GENE REESE**
STREET ADDRESS **3046 MORNING GLORY DR.**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **D** ☐ Delete
NAME **BLOVSKY, JOHN**
STREET ADDRESS **1012 PEACHTREE DRIVE**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE **S** ☐ Change ☒ Addition
NAME **GENNY KIRK**
STREET ADDRESS **3020 MORNING GLORY DR.**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **P** ☐ Delete
NAME **REANEY, RICHARD**
STREET ADDRESS **3008 ASH ST**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **REANEY, NANCY**
STREET ADDRESS **3008 ASH STREET**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **IZOUCALIS, LORRAINE**
STREET ADDRESS **3046 MORNING GLORY DR**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BYRON, MICHELENE**
STREET ADDRESS **948 PEACH TREE DR**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* **TERRY REESE**
TREASURER

1-28-08

863-696-6981