

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90060 008 ****61.25

DOCUMENT # 722155

1. Entity Name

LEISURE BEACH CIVIC ASSOCIATION, INC.



Principal Place of Business

6536 BEACH BLVD
HUDSON FL 34667
US

Mailing Address

P O BOX 5366
HUDSON FL 34667
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

4. FEI Number

23-7433819

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

MAPSTONE, DORIS M
12801 FOURTH ISLE N
HUDSON FL 34667

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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	VP	<input type="checkbox"/> Delete
NAME	GALLI, RICHARD	
STREET ADDRESS	12813 3RD ISLE N	
CITY- ST- ZIP	HUDSON FL 34667	
TITLE	D	<input type="checkbox"/> Delete
NAME	STABILE, BEVER LEE	
STREET ADDRESS	14808 FOURTH ISLE N	
CITY- ST- ZIP	HUDSON FL 34667	
TITLE	S	<input type="checkbox"/> Delete
NAME	PASSA, CAROL	
STREET ADDRESS	12704 4TH ISLE S.	
CITY- ST- ZIP	HUDSON FL 34667	
TITLE	D	<input type="checkbox"/> Delete
NAME	PASSA, JOHN	
STREET ADDRESS	12704 FOURTH ISLE N	
CITY- ST- ZIP	HUDSON FL 34667	
TITLE	T	<input type="checkbox"/> Delete
NAME	MAPSTONE, DORIS M	
STREET ADDRESS	12801 FOURTH ISLE N	
CITY- ST- ZIP	HUDSON FL 34667	
TITLE	P	<input type="checkbox"/> Delete
NAME	DRAGO, CHARLES	
STREET ADDRESS	12825 3RD ISLE N	
CITY- ST- ZIP	HUDSON FL 34667	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Driscoll, Leanne	
STREET ADDRESS	12734 2nd Isle N	
CITY- ST- ZIP	HUDSON, FL 34667	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gedan, Terri	
STREET ADDRESS	12825 3rd Isle N	
CITY- ST- ZIP	HUDSON, FL 34667	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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:

Doris M. Mapstone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/07 727-869-9208