

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90067 047 \*\*\*\*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**

**40042028**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042008 Chg-NP CR2E037 (12/06)

City & State

City & State

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 Doris M. Mapstone - Note, signed in error, no changes to office agent.  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$81.25  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
GALLI, RICHARD  
12813 3RD ISLE N  
HUDSON, FL 34667 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D LeAnne Driscoll  
12734 Second Isle  
HUDSON FL 34667 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STABILE, BEVER LEE  
14808 FOURTH ISLE N  
HUDSON, FL 34667 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D Terri Gedan  
17875 3rd Isle  
HUDSON FL 34667 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
PASSA, CAROL  
12704 4TH ISLE S  
HUDSON, FL 34667 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D Carmon Martin  
17821 5th Isle  
HUDSON FL 34667 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PASSA, JOHN  
12704 FOURTH ISLE N  
HUDSON, FL 34667 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
MAPSTONE, DORIS M  
12801 FOURTH ISLE N  
HUDSON, FL 34667 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
DRAGO, CHARLES  
12825 3RD ISLE N  
HUDSON, FL 34667 ☐ Delete

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

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: Doris M. Mapstone Treasurer 3/4/08 727-869-9208  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Doris M. Mapstone