

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722155

FILED  
Apr 12, 2011  
Secretary of State

**Entity Name:** LEISURE BEACH CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

12801 FOURTH ISLE  
HUDSON, FL 34667 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 5366  
HUDSON, FL 34674 US

**New Mailing Address:**

**FEI Number:** 23-7433819

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAPSTONE, DORIS M  
12801 FOURTH ISLE  
HUDSON, FL 34667 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHARLES, DRAGO  
Address: 12825 THIRD ISLE  
City-St-Zip: HUDSON, FL 34667 US

Title: D  
Name: STABILE, BEVERLEE  
Address: 12808 FOURTH ISLE  
City-St-Zip: HUDSON, FL 34667 US

Title: S  
Name: PASSA, CAROL  
Address: 12704 FOURTH ISLE  
City-St-Zip: HUDSON, FL 34667 US

Title: V.P.  
Name: GALLI, RICHARD  
Address: 12813 THIRD ISLE  
City-St-Zip: HUDSON, FL 34667 US

Title: T  
Name: MAPSTONE, DORIS M  
Address: 12801 FOURTH ISLE  
City-St-Zip: HUDSON, FL 34667 US

Title: D  
Name: LEANNE, DRISCOLL  
Address: 12734 SECOND ISLE  
City-St-Zip: HUDSON, FL 34667 US

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: DORIS MAPSTONE

T

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date