

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90177 031 \*\*\*\*61.25

**DOCUMENT # 725989**

1. Entity Name  
**LEISURE TIME MOBILE HOME ESTATES PROPERTY  
OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**CR 461 & HWY 470  
PO BOX 547  
LAKE PANASOFFKEE, FL 33538 US**

Mailing Address  
**P. O. BOX 547  
PO BOX 547  
LAKE PANASOFFKEE, FL 33538 US**

40049994



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1920958**

Applied For  
Not Applicable

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

**GLENN, EHLE PRES  
1299 CR 461  
LAKE PANASOFFKEE, FL 33538**

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

**Filing 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
GIBSON, CARROLL  
1146 CR 461  
LAKE PANASOFFKEE, FL 33538** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE PRESIDENT  
DIX, RUTH  
1276 CR 461  
LAKE PANASOFFKEE FL 33538** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
ROSE, LESLIE  
1136 CR 461  
LAKE PANASOFFKEE, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR  
PIKE, CARIE  
1124 CR 461  
LAKE PANASOFFKEE FL 33538** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
CRANDALL, LEWIS K  
1018 CR 461  
LAKE PANASOFFKEE, FL 33538** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR  
CHRISTIANSON, RICHARD  
888 CR 461  
LAKE PANASOFFKEE FL 33538** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FISHER, TOM  
1183 CR 461  
LAKE PANASOFFKEE, FL 33538** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR  
BIERER, DONALD  
1099 CR 461  
LAKE PANASOFFKEE FL 33538** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
RALL, TOM  
1318 CR 461  
LAKE PANASOFFKEE, FL 33538** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR  
DECKER, LARRY  
983 CR 461  
LAKE PANASOFFKEE FL 33538** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
EHLE, GLENN  
933 CR 461  
LAKE PANASOFFKEE, FL 33538** ☐ 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:** *Lewis K Crandall* **LEWIS K CRANDALL**

**4/2/07**

**352-568-3166**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #