

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90037 026 ****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**

40001309



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
DIX, RUTH
1276 CR 461
LAKE PANASOFFKEE, FL 33538**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PEHLE
GLENN, GLENN
933 CR 461
LAKE PANASOFFKEE, FL 33538**

**DO NOT WRITE
IN THIS SPACE**

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

1/7/08

352-568-3166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #