

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. McDaniel  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 730390 (2)

1. Corporation Name

LEITNER CREEK MANOR PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

26645 VAGABOND WAY  
P O BOX 32  
BONITA SPRINGS FL 33959

Mailing Address

26645 VAGABOND WAY  
P O BOX 32  
BONITA SPRINGS FL 33959

3. Date Incorporated or Qualified  
08/08/1974

3a. Date of Last Report  
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-1693382

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPARKS, GRACE C.  
11111 WAGON TRAIL  
BONITA SPRINGS FLORIDA FL 33923

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
SPARKS, GRACE C.  
11111 WAGON TRAIL  
BONITA SPRINGS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
PFAFF, MARY JANE  
11202 WAGON TRAIL SE  
BONITA SPRGS FL

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
MILLER, JUNIOR LARRY  
11195 TANGO DRIVE  
BONITA SPRINGS FL 33923

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MCDANIEL, BURFORD  
26766 STARDUST DRIVE  
BONITA SPRGS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
TD  
SPARKS, GRACE C.  
11111 WAGON TRAIL  
BONITA SPRINGS FL 33923

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
SD  
PFAFF, MARY JANE  
11202 WAGON TRAIL SE  
BONITA SPRINGS FL 33923

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
VD  
MCDANIEL, BURFORD  
26766 STARDUST DRIVE  
BONITA SPRGS. FL 33923

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
PD  
EDWARDS, RONALD  
11122 WAGON TRAIL  
BONITA SPRGS FL 33923

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

700001798247  
-04/29/96--01035--012  
\*\*\*61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Grace C. Sparks  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-96

Date

941-947-3419

Daytime Phone #

CR2E037 (12/95)