

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90012 004 ****61.25

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DOCUMENT # 730390

1. Corporation Name

**LEITNER CREEK MANOR PROPERTY OWNERS ASSOCIATION,
INC.**

Principal Place of Business

26645 VAGABOND WAY
P O BOX 32
BONITA SPRINGS FL 34135
US

Mailing Address

26645 VAGABOND WAY
P O BOX 32
BONITA SPRINGS FL 34135
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

08/08/1974

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name SCHLOSSER, MARION F.

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

11207 TORCHFIRE TRAIL

83

84 City

BONITA SPRINGS

FL

85 Zip Code

34135

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 *Marion F. Schlosser*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-99

12. OFFICERS AND DIRECTORS

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

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

TITLE PD ☒ DELETE
NAME EDWARDS, RONALD
STREET ADDRESS 11122 WAGON TRAIL
CITY-ST-ZIP BONITA SPRINGS FL 33923

TITLE VD ☒ DELETE
NAME PETREY, HASCAL H
STREET ADDRESS 11103 WAGON TRAIL
CITY-ST-ZIP BONITA SPRGS FL 34135

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 TD ☒ Change ☐ Addition
1.2 NAME SCHLOSSER, MARION F.
1.3 STREET ADDRESS 11207 Torchfire Trail
1.4 CITY-ST-ZIP Bonita Springs FL 34135

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE PD ☒ Change ☐ Addition
3.2 NAME PETREY, HASCAL H.
3.3 STREET ADDRESS 11103 Wagon Trail
3.4 CITY-ST-ZIP Bonita Springs FL 34135

4.1 TITLE VD ☒ Change ☐ Addition
4.2 NAME WEYANT, GLENN
4.3 STREET ADDRESS 26647 Stardust Dr.
4.4 CITY-ST-ZIP Bonita Springs FL 34135

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Marion F. Schlosser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-99
Date

(941) 947-4859
Daytime Phone #

CR2E037 (1/98)