

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730390

1. Entity Name

LEITNER CREEK MANOR PROPERTY OWNERS
ASSOCIATION INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90154 049 *****61.25

Principal Place of Business

Mailing Address

26645 VAGABOND Way
P.O. Box 32
Bonita Springs FL 34133

2. Principal Place of Business

3. Mailing Address

26645 Vagabond Way
Suite, Apt. #, etc.
Bonita Springs FL

City & State

34133 Lee

Zip

Country

City & State

34133 Lee

Zip

Country

4. FEI Number

59-1693382

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

A0056701

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Schlusser, Marion F.
11207 Torchfire Trail
Bonita Springs FL 34135

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

LS

FILE NOW
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | Schlusser, Marion F. | |
| STREET ADDRESS | 11207 Torchfire Tr. | |
| CITY-ST-ZIP | Bonita Springs FL 34135 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | PPAFF, Mary Jane | |
| STREET ADDRESS | 11202 Wagon Trail | |
| CITY-ST-ZIP | Bonita Springs FL 34135 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | Al Sparks | |
| STREET ADDRESS | 11111 Wagon Trail | |
| CITY-ST-ZIP | Bonita Springs FL 34135 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | Edwards Ronald | |
| STREET ADDRESS | 11122 Wagon Trail | |
| CITY-ST-ZIP | Bonita Springs FL 34135 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 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:

Marion F. Schlusser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-01

Date

(941) 947-4859

(413) 209-4295

Daytime Phone #

CR2E037 (11/00)