# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 MAR 27 AM 11:02

DOCUMENT # **731186** (3)

1. Corporation Name

LEISURE HILLS CIVIC ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 18940 DRAYTON ST.<br>P. O. BOX 11081<br>SPRING HILL FL 34610 | 18940 DRAYTON ST.<br>P. O. BOX 11081<br>SPRING HILL FL 34610 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1974
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2776515 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 18940 DRAYTON ST | 26 18940 DRAYTON ST. |
| Suite, Apt. #, etc. 22 P.O. BOX 11081 | Suite, Apt. #, etc. 27 P.O. BOX 11081 |
| City & State 23 SPRING HILL FL. | City & State 28 SPRING HILL FL |
| Zip 24 34610 Country 25 PASCO | Zip 29 34610 Country 30 PASCO |

9. Name and Address of Current Registered Agent

WEMPLE, HENRY
17912 MEDLEY AVE.
LEISURE HILLS CIVIC ASSN.
SPRING HILL FL 34610

10. Name and Address of New Registered Agent

81 Name: MONK GUERDOM M.
82 Street Address (P.O. Box Number is Not Acceptable): 17704 DRAYTON ST.
83
84 City: SPRING HILL FL 85 Zip Code: 34610

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Guerdon M. Monk President — 2-1-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | PD ☑ Change ☐ A |
| NAME | WEMPLE, HENRY | 12 NAME | MONK M. GUERDON |
| STREET ADDRESS | 17912 MEDLEY AVE. | 13 STREET ADDRESS | 17704 DRAYTON ST. |
| CITY-ST-ZIP | SPRINGHILL FL 34610 | 14 CITY-ST-ZIP | SPRING HILL FL 34610 |
| TITLE | VD | 21 TITLE | VD ☐ Change ☐ A |
| NAME | BRANDT, MARGE | 22 NAME | BRANDT, MARGE |
| STREET ADDRESS | 17525 MEDLEY AVE. | 23 STREET ADDRESS | 17525 MEDLEY AVE |
| CITY-ST-ZIP | SPRING HILL FL 34610 | 24 CITY-ST-ZIP | SPRING HILL FL 34610 |
| TITLE | SD | 31 TITLE | SD ☐ Change ☐ Addition |
| NAME | GUENKEL, OONAGH | 32 NAME | GUENKEL OONAGH |
| STREET ADDRESS | 18507 ALEXSON STREET | 33 STREET ADDRESS | 18507 ALEXSON ST. |
| CITY-ST-ZIP | SPRING HILL FL 34610 | 34 CITY-ST-ZIP | SPRING HILL FL 34610 |
| TITLE | TD | 41 TITLE | TD. ☑ Change ☐ Addition |
| NAME | LECLAIR, MARGE | 42 NAME | LIEGEI A. JAY |
| STREET ADDRESS | 17350 ELDGIDRE AVE. | 43 STREET ADDRESS | 17949 ALEXSON ST. |
| CITY ST ZIP | SPRING HILL FL 34610 | 44 CITY ST ZIP | SPRING HILL FL 34610 |
| TITLE | TD | 51 TITLE | TD ☑ Change ☐ Addition |
| NAME | MONK, GUERDON | 52 NAME | SNOW FRED |
| STREET ADDRESS | 17704 DRAYTON STREET | 53 STREET ADDRESS | 17624 ALEXSON ST. |
| CITY ST ZIP | SPRING HILL FL 34610 | 54 CITY ST ZIP | SPRING HILL FL 34610 |
| TITLE | TD | 61 TITLE | TD ☐ Change ☐ Addition |
| NAME | WILSON, JO | 62 NAME | WILSON JO |
| STREET ADDRESS | 17043 CALESIMO AVE. | 63 STREET ADDRESS | 17043 CALESIMO AVE |
| CITY ST ZIP | SPRING HILL FL 34610 | 64 CITY ST ZIP | SPRING HILL FL 34610 |

14. I do hereby certify that the information supplied with this filing is validly furnished and 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.

SIGNATURE: Guerdon M. Monk President — 2-1-95 — (813) 856-9510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0066975