

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



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

DOCUMENT # 731186

(3)

1. Corporation Name

LEISURE HILLS CIVIC ASSOCIATION, INC.



Principal Place of Business

18940 DRAYTON ST  
POST OFFICE BOX 11081  
SPRINGHILL FL 34610  
US

Mailing Address

18940 DRAYTON ST.  
POST OFFICE BOX 11081  
SPRINGHILL FL 34610  
US

3. Date Incorporated or Qualified  
10/23/1974

3a. Date of Last Report  
03/27/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MONK GUERDON M.  
17704 DARYTON ST.  
LEISURE HILLS CIVIC ASSN.  
SPRINGHILL FL 34610

10. Name and Address of New Registered Agent

81 Name

MONK, GUERDON M.

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

17704 DRAYTON ST.

83

84 City

SPRING HILL

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-STATE-ZIP

PD  
MONK M. GUERDON  
17704 DRAYTON ST.  
SPRINGHILL FL

TITLE ☒ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

VD  
BRANT, MARGE  
17525 MEDLEY AVE  
SPRINGHILL FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

SD  
GUENKEI DONACH  
18507 ALEXSON ST.  
SPRINGHILL FL

TITLE ☒ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TD  
LIEGEL R. JAY  
17949 ALEXSON ST.  
SPRINGHILL FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TD  
SNOW FRED  
17624 ALEXSON ST  
SPRING HILL FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TD  
WILSON JO  
17043 CAIESINO AVE  
SPRING HILL FL

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

17704 DRAYTON ST.  
SPRING HILL, FL. 34610

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

VD  
BALCH, ROBERT  
17740 NORMANDEAU ST.  
SPRING HILL, FL. 34610

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

GUENKEL, DONACH  
SPRING HILL, FL. 34610

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TD  
GUENKEL, ROBERT  
18507 ALEXSON ST.  
SPRING HILL, FL. 34610

5.1 TITLE ☒ Change ☒ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

D  
34610

6.1 TITLE ☒ Change ☒ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

D  
17043 CARLESIMO AVE.  
34610

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:

ROBERT GUENKIER

2/13/96 813-856-1142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)