FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

731186

(3)

LEISURE HILLS CIVIC ASSOCIATION, INC.									
Principal Place	of Business	Mailing Address					ATTI BEATH ATAN ATAN ATAN	TANDA MANDA TANDA	
18940 DRAYTON ST POST OFFICE BOX 11081 SPRINGHILL FL 34610		18940 DRAYTON ST. POST OFFICE BOX 11081 SPRINGHILL FL 34610-0081			I go Dete et l'est E	oned 1			
U\$		US		3. Date Incorporated or Qualified 10/23/1974	3a. Date of Last R 02/19/19)96"			
2. Principal Pla 21 / 770	2a. Mailing Address 26 P. O. /3				4. FEI Number 59-2776515		oplied For ot Applicable		
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired			
City & State / City & State			111	//		6. Election Campaign Financing	\$5.00	May Be	
23 SPRING HILL, FL 28 SPRING HIS			Cou		1-2	Trust Fund Contribution 8. This corporation has liability for		to Fees	
24 346	10 25 000 119 115	29 34610	30		5 .	Florida Statutes	Yes XNo	. 199.002,	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent 81 Name				
14010/	NICODON M								
MONK, GUERDON M. 17704 DRAYTON STREET SPRING HILL FL 34610			82 Street Address (P.O. Box Number is Not Acceptable)						
				63					
					City		FL C	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 17.0503, Florida Statutes.									
agent. I am familiar, with, and accept the obligations of, Section \$17.0503, 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	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	☐ DELETE	1.1 TI				L Change	L. Addition	
NAME	MONK M. GUERDON		1.2 N		DOLOG				
STREET ADDRESS	17704 DRAYTON STREET SPRINGHILL FL			freet adi fty - St - Z					
CITY-ST-ZIP TITLE	VD	DELETE	2.1 TI			10 SNOW, FRED 17624 ALEXSON SPRING HILL, FL	Change	Addition	
NAME	BALCH, ROBERT	• •	2.2 N	AME		SNOW, FRED	CTORET		
STREET ADDRESS	17740 NORMANDEAU STREET	•	2.3 \$	TREET AD	ORESS 7	7624 ALEXSON	1 3 1 1 10		
CITY - ST - ZIP	SPINGHILL FL			HTY-ST-	ZIP ,	SPRING HILL, I-L	34610		
TITLE	SD	☐ DELETE	3.1 TI		ŀ		L. Change	Addition Addition	
NAME	GUENKEL, DONAGH		3.2 N						
STREET ADDRESS	18507 ALEXSON ST.			TREET AD					
CITY-ST-ZIP TITLE	SPRINGHILL FL TD	DELETE	3.4. U	JITY-ST-: ITLF	ZIP		Change	Addition	
NAME	GUENKEL, ROBERT		4.21		İ	•			
STREET ADDRESS	18507 ALEXSON STREET			TREET AD	DRESS				
CITY-ST-ZIP	SPRINGHILL FL			ITY-ST-1	- 1				
THILE	D	DELETE	5.1 T	ITLE	Z	10 110.10.1	☐ Change	Addition	
NAME	SNOW FRED		5.2 N	AME	ν	NEMPLE, HERY	WK.		
STREET AODRESS	17624 ALEXSON ST		5.3 S	TREET AD	DRESS /	NEMPLE, HENRY 17912 MEDLEY A SPRING HILL, FI	1 21/11		
CITY-ST-ZIP	SPRING HILL FL			ITY-ST-	ZIP	SPRING HILL, FI	39010	A alabata a	
TITLE	D	DELETE	6.1 T			·	<u></u> Change	Addition	
NAME	WILSON JO		6.2 N		DDECC				
STREET ADDRESS	17043 CARLESIMO AVENUE SPRING HILL FL		1	TREET AD					
CITY-ST-ZIP	by certify that the information supplied	with this filing does not qual	ify for the	exem	ntion stat	ed in Section 119.07(3)(i), Florida Statuti	es. I further certify the	t the	
14. I do 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.									