


FILE NOW: FILING FEE IS \$61.25

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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731186** (3)

1. Corporation Name

LEISURE HILLS CIVIC ASSOCIATION, INC.

Principal Place of Business

17704 DRAYTON ST
SPRINGHILL FL 34610
US

Mailing Address

PO BOX 11081
SPRINGHILL FL 34610
US



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 18507 ALEXSON ST
22 City & State	27 SPRING HILL, FL
23 Zip	28 34610
24 Country	29 US

3. Date Incorporated or Qualified

10/23/1974

4. FEI Number

59-2776515

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONK, GUERDON M.
17704 DRAYTON STREET
SPRING HILL FL 34610

81 Name

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

83

84 City

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONK M. GUERDON	1.2 NAME	SNOW, FRED
STREET ADDRESS	17704 DRAYTON STREET	1.3 STREET ADDRESS	17624 ALEXSON ST
CITY-ST-ZIP	SPRINGHILL FL	1.4 CITY-ST-ZIP	SPRING HILL FL 34610
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEMPLE, HENRY	2.2 NAME	
STREET ADDRESS	17912 MEDLEY AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUENKEL, DONAGH	3.2 NAME	
STREET ADDRESS	18507 ALEXSON ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUENKEL, ROBERT	4.2 NAME	
STREET ADDRESS	18507 ALEXSON STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOW FRED	5.2 NAME	
STREET ADDRESS	17624 ALEXSON ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON JO	6.2 NAME	
STREET ADDRESS	17043 CARLESIMO AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	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.

SIGNATURE: **Donagh Guenkel, Secretary 01/06/98 856-1142**

CR2E037 (10/97)