2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Feb 02, 2005 08:00 AM DOCUMENT # 731186 **Secretary of State** 1. Entity Name LEISURE HILLS CIVIC ASSOCIATION, INC. Principal Place of Business Mailing Address 18507 ALEXSON ST SPRINGHILL FL 34610 17704 DRAYTON ST SPRINGHILL FL 34610 2. Principal Place of Business 3. Maijing Address Suite, Apt. #, etc. Suite, Apt, #, etc 1st MOORE CR2E037 (10/04) Applied For City & State 4. FEI Number City & State 59-2776515 Not Applicable Zip Country \$8.75 Additional Ζip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MONK, GUERDON M. Street Address (P.O. Box Number is Not Acceptable) 17704 DRAYTON STREET SPRING HILL FL 34610 Zip Code 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 I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable INOTE Registered Agent signature required when reinstating? 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change ☐ Addition THE Deiete THE MONK M. GUERDON NAME 1100000211639 NAME 17704 DRAYTON STREET 02/02/05-80128-003 61.25 STREET ADDRESS STREET ADDRESS SPRINGHILL FL CITY - ST - ZIP CHY-Si-ZIP ☐ Change ☐ Addition TITLE ☐ Delete WEMPLE, HENRY MAME NAME 17912 MEDLEY AVE STREET ADDRESS STREET ADDRESS SPINGHILL FL CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE THEF GUENKEL, OONAGH NAME NAME 18507 ALEXSON ST. STREET ADDRESS STREET ADDRESS SPRINGHILL FL CITY - ST - ZIP CITY-ST ZIP TITLE □ Change ☐ Addition TITLE Delete GUENKEL, ROBERT NAME 18507 ALEXSON STREET STREET ADDRESS STREET ADDRESS SPRINGHILL FL CITY ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Defete TITLE TITLE WILSON JO NAME NAME 17043 CARLESIMO AVENUE STREET ADDRESS STREET ADDRESS SPRING HILL FL CITY-SI-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TOTAL TITLE NAME STHEET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(f), 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.

ROBERT GUENKEL 1/21/05