

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

|                                                                |  |                                                                                   |
|----------------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 731186</b>                                       |  |  |
| 1. Entity Name<br><b>LEISURE HILLS CIVIC ASSOCIATION, INC.</b> |  |                                                                                   |

|                                                                                       |                                                                           |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business<br><b>17704 DRAYTON ST<br/>SPRINGHILL FL 34610<br/>US</b> | Mailing Address<br><b>18507 ALEXSON ST<br/>SPRINGHILL FL 34610<br/>US</b> |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

1st MOORE CR2E037 (10/05)

4. FEI Number **59-2776515** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

|                                                                                                                              |  |                                                    |  |
|------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>MONK, GUERDON M.<br/>17704 DRAYTON STREET<br/>SPRING HILL FL 34610</b> |  | 7. Name and Address of New Registered Agent        |  |
|                                                                                                                              |  | Name                                               |  |
|                                                                                                                              |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|                                                                                                                              |  | City                                               |  |
|                                                                                                                              |  | FL 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 | (NOTE: Registered Agent signature required when reestablishing) | DATE |
|-----------|-----------------------------------------------------------------|------|

|                                                        |                                                                                  |                                    |                                                          |
|--------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to Florida Department of State</b> |
|--------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS |                        |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |                                 |                              |
|----------------------------|------------------------|---------------------------------|--|-------------------------------------------------------|--|---------------------------------|------------------------------|
| TITLE                      | PD                     | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                       | MONK M. GUERDON        |                                 |  | NAME                                                  |  |                                 |                              |
| STREET ADDRESS             | 17704 DRAYTON STREET   |                                 |  | STREET ADDRESS                                        |  |                                 |                              |
| CITY - ST - ZIP            | SPRINGHILL FL          |                                 |  | CITY - ST - ZIP                                       |  |                                 |                              |
| TITLE                      | D                      | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                       | WEMPLE, HENRY          |                                 |  | NAME                                                  |  |                                 |                              |
| STREET ADDRESS             | 17912 MEDLEY AVE       |                                 |  | STREET ADDRESS                                        |  |                                 |                              |
| CITY - ST - ZIP            | SPRINGHILL FL          |                                 |  | CITY - ST - ZIP                                       |  |                                 |                              |
| TITLE                      | SD                     | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                       | GUENKEL, CONAGH        |                                 |  | NAME                                                  |  |                                 |                              |
| STREET ADDRESS             | 18507 ALEXSON ST.      |                                 |  | STREET ADDRESS                                        |  |                                 |                              |
| CITY - ST - ZIP            | SPRINGHILL FL          |                                 |  | CITY - ST - ZIP                                       |  |                                 |                              |
| TITLE                      | TD                     | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                       | GUENKEL, ROBERT        |                                 |  | NAME                                                  |  |                                 |                              |
| STREET ADDRESS             | 18507 ALEXSON STREET   |                                 |  | STREET ADDRESS                                        |  |                                 |                              |
| CITY - ST - ZIP            | SPRINGHILL FL          |                                 |  | CITY - ST - ZIP                                       |  |                                 |                              |
| TITLE                      | V                      | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                       | WILSON JO              |                                 |  | NAME                                                  |  |                                 |                              |
| STREET ADDRESS             | 17043 CARLESIMO AVENUE |                                 |  | STREET ADDRESS                                        |  |                                 |                              |
| CITY - ST - ZIP            | SPRING HILL FL         |                                 |  | CITY - ST - ZIP                                       |  |                                 |                              |
| TITLE                      |                        | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                       |                        |                                 |  | NAME                                                  |  |                                 |                              |
| STREET 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 exemptions contained in Section 119, 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.