


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90022 041 ****61.25

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| DOCUMENT # 731186 |  |
| 1. Entity Name LEISURE HILLS CIVIC ASSOCIATION, INC. | |

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| Principal Place of Business 17704 DRAYTON ST SPRINGHILL FL 34610 US | Mailing Address 18507 ALEXSON ST SPRINGHILL FL 34610 US |
|---|---|

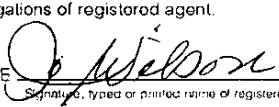
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| 2. Principal Place of Business - No P.O. Box # 17043 CARLESIMO AVE | 3. Mailing Address Suite, Apt. #, etc. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State SPRING HILL, FL | City & State |
| Zip 34610 | Country USA |

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| 4. FEI Number 59-2776515 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MONK, GUERDON M. 17704 DRAYTON STREET SPRING HILL FL 34610 | |
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| 7. Name and Address of New Registered Agent Name JO WILSON Street Address (P.O. Box Number is Not Acceptable) 17043 CARLESIMO AVE City SPRING HILL, FL Zip Code 34610 | |
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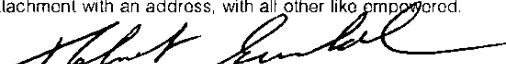
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE  | DATE 2/11/07 |

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MONK M. GUERDON 17704 DRAYTON STREET SPRINGHILL FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEMPLE, HENRY 17912 MEDLEY AVE SPRINGHILL FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GUENKEL, OONAGH 18507 ALEXSON ST. SPRINGHILL FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GUENKEL, ROBERT 18507 ALEXSON STREET SPRINGHILL FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WILSON JO 17043 CARLESIMO AVENUE SPRING HILL FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P.D. JO WILSON 17043 CARLESIMO AVE. Spring H. IL, FL 34610 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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| SIGNATURE:  | DATE: 2/11/07 | PHONE: 727-856-1142 |
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