

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90198 046 \*\*\*\*61.25

**DOCUMENT # 731186**

1. Entity Name

**LEISURE HILLS CIVIC ASSOCIATION, INC.**



Principal Place of Business

**17704 DRAYTON ST  
SPRINGHILL FL 34610  
US**

Mailing Address

**18507 ALEXSON ST  
SPRINGHILL FL 34610  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

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

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

*Guerdon m. monk*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1-9-03*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD MONK M. GUERDON	<input type="checkbox"/> Delete
STREET ADDRESS	17704 DRAYTON STREET	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE NAME	D WEMPLE, HENRY	<input type="checkbox"/> Delete
STREET ADDRESS	17912 MEDLEY AVE	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE NAME	SD GUENKEL, OONAGH	<input type="checkbox"/> Delete
STREET ADDRESS	18507 ALEXSON ST.	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE NAME	TD GUENKEL, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	18507 ALEXSON STREET	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE NAME	V SNOW FRED	<input type="checkbox"/> Delete
STREET ADDRESS	17624 ALEXSON ST	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE NAME	D WILSON JO	<input type="checkbox"/> Delete
STREET ADDRESS	17043 CARLESIMO AVENUE	
CITY-ST-ZIP	SPRING HILL FL	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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)(i), 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.

SIGNATURE:

*Guerdon m. monk*

*1/9/03 727-856-1142*

CR2E037 (10/02)