FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **767514** **(3)**

1. Corporation Name

LEISURE LIVING ESTATES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2580 SO. HWY. A1A MELBOURNE BEACH FL 32951	2580 SO. HWY. A1A MELBOURNE BEACH FL 32951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/16/1983**
3a. Date of Last Report: **04/21/1994**
4. FEI Number: **59-2349075** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip 25 County	29 Zip 30 County

9. Name and Address of Current Registered Agent

AUGER, JOSEPH
2580 S HWY A1A #9
MELBOURNE FL 32951

10. Name and Address of New Registered Agent

81 Name: Grieve, Mary
82 Street Address (P.O. Box Number is Not Acceptable)
83: ~~2580 S.Hwy A1A #~~ 57
84 City: Melbourne Bch **FL** 85 Zip Code: 32951

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Mary Grieve, Secretary — Mary Grieve, Secretary — DATE: May 1, 1995
(Signature, Typed or Printed Name of Person Signing) (If New Registered Agent, Signature required when appointed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	AVO	11 TITLE	AT	☒ Change ☐ Addition
NAME	THOMAS, ROBERT W.	12 NAME	Thomas, Robert W.	
STREET ADDRESS	2580 S HWY A1A #2A	13 STREET ADDRESS	2580 S.HWY A1A #2A	
CITY ST ZIP	MELBOURNE BCH. FL	14 CITY ST ZIP	Melbourne Bch,Fl	
TITLE	DVP	21 TITLE	DP	☒ Change ☐ Addition
NAME	AUGER, JOSEPH	22 NAME	Rabitor,Roland	
STREET ADDRESS	2580 S HWY A1A #9	23 STREET ADDRESS	2580 S HWY A1A #102	
CITY ST ZIP	MELBOURNE BEACH FL	24 CITY ST ZIP	Melbourne Bch, Fl	
TITLE	DP	31 TITLE	D	☒ Change ☐ Addition
NAME	PERKINS, MARY	32 NAME	Perkins, Mary	
STREET ADDRESS	2580 S HWY A1A, #95	33 STREET ADDRESS	2580 S HWY A1A #95	
CITY ST ZIP	MELBOURNE BEACH FL	34 CITY ST ZIP	Melbourne Beach, Fl.	
TITLE	ST	41 TITLE	T	☒ Change ☐ Addition
NAME	SCHAER, DOLORES M.	42 NAME	Unser,Albert	
STREET ADDRESS	2580 S. H2Y A1A #41	43 STREET ADDRESS	2580 S Hwy A1A #48	
CITY ST ZIP	MELBOURNE BCH. FL	44 CITY ST ZIP	Melbourne Bch, Fl 32951	
TITLE	AT	51 TITLE	S	☒ Change ☐ Addition
NAME	MCLEAN, JEAN	52 NAME	Grieve, Mary	
STREET ADDRESS	2580 SO. HWY. A1A #7A	53 STREET ADDRESS	2580 S Hwy A1A #57	
CITY ST ZIP	MELBOURNE BEACH FL	54 CITY ST ZIP	Melbourne Bch, Fl	
TITLE	D	61 TITLE	D	☐ Change ☐ Addition
NAME	WARNER, ORVILLE	62 NAME	Warner, Orville	
STREET ADDRESS	2580 S HWY A1A, #50	63 STREET ADDRESS	2580 S Hwt A1A #50	
CITY ST ZIP	MELBOURNE BCH FL	64 CITY ST ZIP	Melbourne Bch, Fl 32951	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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: Robert W Thomas — AST. TREAS — 5-1-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0295311