# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

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

**DOCUMENT # 767514 (3)**

1. Corporation Name

**LEISURE LIVING ESTATES CONDOMINIUM ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2580 SO. HWY. A1A<br>MELBOURNE BEACH FL 32951 | 2580 SO. HWY. A1A<br>MELBOURNE BEACH FL 32951 |

3. Date Incorporated or Qualified: 03/16/1983

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 2580 S.HWY A1A
22 Suite, Apt. #, etc.
23 City & State: Melbourne Bch., FL
24 Zip: 32951
25 Country: USA

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GRIEVE, MARY**
**2580 S HWY A1A #57**
**MELBOURNE BEACH FL 32951**

10. Name and Address of New Registered Agent

81 Name: JOHN ROBERT CURRY
82 Street Address (P.O. Box Number is Not Acceptable): 2580 S. HWY A1A #42
83
84 City: Melbourne Bch **FL** 85 Zip Code: 32951

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

X SIGNATURE: John Robert Curry
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | T | ☐ DELETE | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | THOMAS, ROBERT W. | | 12 NAME | | |
| STREET ADDRESS | 2580 S HWY A1A #2A | | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE BCH. FL | | 14 CITY-ST-ZIP | | |
| TITLE | DP | ☒ DELETE | 21 TITLE | DP | ☐ Change ☒ Addition |
| NAME | RABITOR, ROLAND | | 22 NAME | JOHN ROBERT CURRY | |
| STREET ADDRESS | 2580 S HWY A1A #202 | | 23 STREET ADDRESS | 2580 S HWY A1A #42 | |
| CITY-ST-ZIP | MELBOURNE BEACH FL | | 24 CITY-ST-ZIP | MELBOURNE BEACH, FL 32951 | |
| TITLE | D | ☒ DELETE | 31 TITLE | D | ☐ Change ☒ Addition |
| NAME | PERKINS, MARY | | 32 NAME | Joseph Auger | |
| STREET ADDRESS | 2580 S HWY A1A, #95 | | 33 STREET ADDRESS | 2580 S. HWY A1A #9 | |
| CITY-ST-ZIP | MELBOURNE BEACH FL | | 34 CITY-ST-ZIP | MELBOURNE BEACH, FL 32951 | |
| TITLE | T | ☐ DELETE | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | UNSER, ALBERT | | 42 NAME | | |
| STREET ADDRESS | 2580 S HWY A1A #48 | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE BCH. FL | | 44 CITY-ST-ZIP | | |
| TITLE | S | ☒ DELETE | 51 TITLE | S | ☐ Change ☒ Addition |
| NAME | GRIEVE, MARY | | 52 NAME | Barbara Swanson | |
| STREET ADDRESS | 2580 S HWY A1A #57 | | 53 STREET ADDRESS | 2580 S. HWY A1A | |
| CITY-ST-ZIP | MELBOURNE BEACH FL | | 54 CITY-ST-ZIP | MELBOURNE BEACH, FL 32951 | |
| TITLE | D | ☐ DELETE | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | WARNER, ORVILLE | | 62 NAME | | |
| STREET ADDRESS | 2580 S HWY A1A, #50 | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE BCH FL | | 64 CITY-ST-ZIP | | |

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)(k), Florida Statutes. I further certify that the information indicated on this 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.

X **SIGNATURE:** John Robert Curry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)