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

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT #**1. Corporation Name

767514

(3)

## LEISURE LIVING ESTATES CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business |  |
|-----------------------------|--|
| 2580 SO. HWY. A1A           |  |

Mailing Address

SCOO CO LBUY 444

## **FILED** Mar 11 1997 8:00am Secretary of State



| MELBOURNE BEACH FL 32951 |   | MELBOURNE BEACH FL 32951-2860                                     |                                       |             |  |   |                   |                    |                       |
|--------------------------|---|---|---------------------------------------|-------------|--|---|-------------------|--------------------|-----------------------|
|                          |   |   |                                       |             | 3. Date Incorporated or Qualified 03/16/1983 | e of Last Report<br>04/01/1996                          |                   |                    |                       |
| 2. Principat F           | Place of Business   | 2a. Mailing Address   |                                       |             |  | 4. FEI Number   |                   | Ąţ                 | plied For             |
| 21                       |   | 26  |                                       |             |  | 59-2349075  |                   |                    | t Applicable          |
| Suite, Apt<br>22         | . #, elc.   | Suite, Apt. #, etc.   |                                       |             |  | 5. Certificate of Status Desired                        |                   | \$8.75 /<br>Fee Re | Additional<br>equired |
| City & Sta               | te  | City & State  |                                       |             |  | 6. Election Campaign Financing                          |                   | \$5.00             | May Be                |
| 23                       |   | 28  | · · · · · · · · · · · · · · · · · · · |             |  | Trust Fund Contribution                                 |                   |                    | to Fees               |
|                          | Country   | Zιρ   | Cour                                  | ntry        |  | 8. This corporation has liability for                   | intangible t      |                    | . 199.032,            |
| 24                       | 25  <br>9. Name and Address of Curre  | 29  | 30                                    |             |  | Florida Statutes  10. Name and Address of New Re        |                   | J No               |                       |
|                          | 9. Name and Address Of Curre  | aut vedistelen våeut  |                                       | 61          | Name   | 10. Name and Address of New Re                          | giatered A        | Saur               |                       |
| OUDDV                    | IOUN PORFOT   |   |                                       |             | 7101710                                      |   |                   |                    |                       |
|                          | , JOHN ROBERT   |   | [                                     | 62          | Street /                                     | Address (P.O. Box Number is Not Acceptab                | ole)              |                    | V                     |
|                          | HWY A1A   |   | }                                     | 63          |  |   |                   |                    |                       |
| #42                      | URNE BEACH FL 32951   |   |                                       |             |  |   |                   |                    |                       |
| MELDO                    | UNITE DEACH FL 32831  |   |                                       | 64          | City   |   | FL                | <b>85</b> Zip      | Code                  |
| 11 Purcuant              | to the provisions of Sections 617 Of  | 02 and 617 1508. Florida State                                    | ites the sh                           |             | hamed  | corporation submits this statement for the p            |                   | changing it        | e registered          |
| office or<br>agent. I    | registered agent, or both, in the Statement amiliar with, and accept the obli | le of Florida. Such change was<br>gations of, Section 617.0503, F | authorized<br>lorida Statu            | by<br>Ites. | the corp                                     | poration's board of directors. I hereby accep           | of the appo       | ointment as        | registered            |
| SIGNATURE                |   |   |                                       |             |  |   |                   |                    |                       |
| 12.                      | Signature, typed or printed name of registered a                              | gent and title if applicable. (NO<br>ND DIRECTORS                 | TE: Registered                        | Agen        | t elgnature                                  | required when reinstating)  ADDITIONS/CHANGES TO OFFICE | DATE<br>SEDO ANIO | DIRECTOR           | S IN 12               |
| TITLE                    | T   | DELETE  | 1.1 111                               | ı F         |  | ADDITIONS/CHANGES TO OFFIC                              | ENS AND           | Change             | Addition              |
| NAME                     | THOMAS, ROBERT W.   |   | 1.2 NA                                |             |  |   | '                 | - Onango           | had reduced           |
| STREET ADDRESS           | 2580 S HWY A1A #2A  |   |                                       |             | ADDRESS                                      |   |                   |                    |                       |
| CITY - ST - ZIP          | MELBOURNE BCH. FL   |   | 1.4 CIT                               |             |  |   |                   |                    |                       |
| TITLE                    | DP  | ☐ DELETE  | 2.1 TITI                              |             | - 217  |   | *****             | Change             | Addition              |
| NAME                     | CURRY, JOHN ROBERT  |   | 2.2 NAJ                               |             |  |   |                   |                    |                       |
| STREET ADDRESS           | 2580 S HWY A1A #42  |   |                                       |             | ADDRESS                                      |   |                   |                    |                       |
| CITY-ST-ZIP              | MELBOURNE BEACH FL  |   | 2. 4 CI                               |             |  |   |                   |                    |                       |
| TITLE                    | D   | ☐ DELETE  | 3.1 TIT                               |             |  |   |                   | Change             | Addition              |
| NAME                     | AUGER, JOSEPH   |   | 3.2 NAJ                               | ME          |  |   |                   |                    |                       |
| STREET ADDRESS           | 2580 S HWY A1A #9   |   | 3.3 STF                               | REET A      | ADDRESS                                      |   |                   |                    |                       |
| CITY-ST-ZIP              | MELBOURNE BEACH FL  |   | 3.4. CII                              | TY-ST       | - <b>2</b> IP                                |   |                   |                    |                       |
| TITLE                    | 1 7   | ☐ DELETE  | 4.1 TITI                              | LE          |  |   |                   | Change             | Addition              |
| NAME                     | Unser, Albert   |   | 4. 2 NA                               | ME          |  |   |                   |                    |                       |
| STREET ADDRESS           | 2580 S HWY A1A #48  |   | 4.3 STF                               | REET A      | ADDRESS                                      |   |                   |                    |                       |
| CITY-ST-ZIP              | MELBOURNE BCH. FL   |   | 4.4 CIT                               | Y-ST        | -ZIP   |   |                   |                    |                       |
| TITLE                    | \$  | ☐ DELETE  | 5.1 TITI                              | LE          |  |   |                   | Change             | ☐ Addition            |
| NAME                     | SWANSON, BARBARA  |   | 5.2 NAI                               | ME          |  |   |                   |                    |                       |
| STREET ADDRESS           |   |   | 5.3 STF                               | REET A      | ADDRESS                                      |   |                   |                    |                       |
| CITY-ST-ZIP              | MELBOURNE BEACH FL  |   | 5.4 CIT                               | Y-81        |  |   |                   |                    |                       |
| TITLE                    | D   | K] DELETE   | 6.1 TITI                              | LE          |  | Director  |                   | Change             | Addition              |
| NAME                     | WARNER, ORVILLE   |   | 6.2 NAI                               | ME          | į  | Verle Drinkwater  |                   |                    |                       |
| STREET ADDRESS           | 1 '   |   | 6 3 STF                               | REET A      | ADDRESS                                      | 2580 S. Hwy. AlA #3<br>Melbourne Beach, FL              | 3 _               |                    |                       |
| CITY-ST-ZIP              | MELBOURNE BCH FL  |   | 64 CIT                                | Y-ST-       | -ZIP   | Melbourne Beach; Fl                                     | 329               | 51                 |                       |

I do 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 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:

DECEMBED AROUNED

Additional Directors

1. Roy East

108 3 Cleyenne Trail

Winter Spring, FL.

32708

2 Wayne Bugbee

1093 apade Trail

Winter Spring, FL.

Winter Spring, FL.