FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JAN 25 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H99152** **(1)**

1. Corporation Name
LEISURE LAKE VILLAGE HOMEOWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
829 PARADISE BLVD TARPON SPRINGS FL 34689 US	839 PARADISE BLVD TARPON SPRINGS FL 34689 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/12/1986
3a. Date of Last Report: 03/15/1994

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

4. FEI Number: 59-2644504 ☐ 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

ELLIOTT, HERBERT
35 W LEMON ST
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	D	☐ Change ☒ Addition
NAME	SNOBERGER, WILLIAM	1.2 NAME	CARSON DOOLEY	
STREET ADDRESS	846 OAKWOOD DRIVE	1.3 STREET ADDRESS	845 OAKWOOD DR	
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	TARPON SPRINGS, FL	
TITLE	V	2.1 TITLE	D	☐ Change ☒ Addition
NAME	DIETZ, MARION	2.2 NAME	ROBERT TIMMER	
STREET ADDRESS	817 ST CHARLES DR	2.3 STREET ADDRESS	1208 LIVE OAK PARKWAY	
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	S	3.1 TITLE	S	☒ Change ☐ Addition
NAME	ZIMMER, AUDREY	3.2 NAME	BERNICE HUYGE	
STREET ADDRESS	849 PARADISE BLVD	3.3 STREET ADDRESS	435 OAKWOOD DR.	
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	T	4.1 TITLE	T	☒ Change ☐ Addition
NAME	DREW, MARTHA E	4.2 NAME	HELEN MOYNIHAN	
STREET ADDRESS	821 FRANCES DRIVE	4.3 STREET ADDRESS	803 E/HAN DR.	
CITY-ST-ZIP	TARPON SPRINGS FL	4.4 CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	MAHANEY, WILLIAM P.	5.2 NAME	KALE RIBAR	
STREET ADDRESS	807 ST CHARLES DRIVE	5.3 STREET ADDRESS	802 PARADISE BLVD.	
CITY-ST-ZIP	TARPON SPRINGS FL	5.4 CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	6.1 TITLE	D	☐ Change ☒ Addition
NAME	SHELL, VIRGINIA	6.2 NAME	VIRGINIA SHELL	
STREET ADDRESS	829 ST. CHARLES DR.	6.3 STREET ADDRESS	839 ST. CHARLES DR	
CITY-ST-ZIP	TARPON SPRINGS FL	6.4 CITY-ST-ZIP	TARPON SPRINGS, FLA	

1/30

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carson Dooley D CARSON Dooley 1-20-95 938-5923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0347710 CR