FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

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

1. Corporation Name
LEISURE LAKE VILLAGE HOMEOWNERS ASSOCIATION, INC

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

Mailing Address
839 PARADISE BLVD
TARPON SPRINGS FL 34689
US

3. Date Incorporated or Qualified: **02/12/1986**
3a. Date of Last Report: **01/25/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
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**
8 Name
8 Street Address (P.O. Box Number is Not Acceptable)
8 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ Signature, type or printed name of registered agent and, if applicable, title — Registered Agent signature required when name is changed — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	~~GARRISON COOLEY~~	
STREET ADDRESS	~~846 OAKWOOD DR~~	
CITY-ST-ZIP	~~TARPON SPRINGS FL~~	
TITLE	D	☐ DELETE
NAME	ROBERT TIMMER	
STREET ADDRESS	1208 LIVEOAK PARKWAY	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	S	☒ DELETE
NAME	~~BERNICE HUTGE~~	
STREET ADDRESS	~~435 OAKWOOD DR~~	
CITY-ST-ZIP	~~TARPON SPRINGS FL~~	
TITLE	T	☐ DELETE
NAME	HELEN MOYNIHAN	
STREET ADDRESS	803 ELKAN DR	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	☐ DELETE
NAME	MAHANEY, WILLIAM P.	
STREET ADDRESS	807 ST CHARLES DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	☐ DELETE
NAME	SHELL, VIRGINIA	
STREET ADDRESS	829 ST. CHARLES DR.	
CITY-ST-ZIP	TARPON SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres.	☐ Change ☒ Addition
1.2 NAME	William Snoberger	
1.3 STREET ADDRESS	846 Oakwood Dr.	
1.4 CITY-ST-ZIP	Tarpon Springs FLA	
2.1 TITLE	Sec.	☐ Change ☒ Addition
2.2 NAME	Virgina Humphrey	
2.3 STREET ADDRESS	1202 Live Oak Pkw.	
2.4 CITY-ST-ZIP	Tarpon Springs FLA.	
3.1 TITLE	Director	☐ Change ☒ Addition
3.2 NAME	Al Humphrey	
3.3 STREET ADDRESS	1202 Live Oak Pkw.	
3.4 CITY-ST-ZIP	Tarpon Springs FLA	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Snoberger — Pres. William Snoberger — 2-22-96 — 938-5448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)