FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State
04-21-1999 90106 022 ***150.00

DOCUMENT # H99152

1. Corporation Name
LEISURE LAKE VILLAGE HOMEOWNERS ASSOCIATION, INC

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 02/12/1986

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

4. FEI Number: 59-2644504 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ 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	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	SNOBERGER, WILLIAM		1.2 NAME	Robert Timmer	
STREET ADDRESS	846 OAKWOOD DR		1.3 STREET ADDRESS	1208 Live Oak Pwy	
CITY-ST-ZIP	TARPON SPRINGS FL		1.4 CITY-ST-ZIP	Tarpon Springs,Fl.	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARK SKIVER		2.2 NAME		
STREET ADDRESS	803 ST CHARLES DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HUMPHREY, VIRGINIA		3.2 NAME		
STREET ADDRESS	1202 LIVE OAK PKW		3.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SRPINGS FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HELEN MOYNIHAN		4.2 NAME		
STREET ADDRESS	803 ELKAN DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MAHANEY, WILLIAM P.		5.2 NAME		
STREET ADDRESS	807 ST CHARLES DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SHELL, VIRGINIA		6.2 NAME		
STREET ADDRESS	829 ST. CHARLES DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		6.4 CITY-ST-ZIP		

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Snoberger ESQUIRE Pres. 1-5-99 727-938-5948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)