

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90306 034 ***150.00

DOCUMENT # H99152

1. Entity Name
LEISURE LAKE VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**829 PARADISE BLVD
TARPON SPRINGS, FL 34689 US**

Mailing Address

**829 PARADISE BLVD
TARPON SPRINGS, FL 34689 US**

40071041



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02152006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-2644504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLIOTT, HERBERT
35 W LEMON ST
TARPON SPRINGS, FL 34689**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **MASON, DOUG**
STREET ADDRESS **852 PARADISE BLVD**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **D** ☒ Delete
NAME **VENDETTE, DOLORES**
STREET ADDRESS **809 ELKAN DR**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **D** ☐ Delete
NAME **DEL PERCIO, FRANK**
STREET ADDRESS **1216 LIVE OAK PARKWAY**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **D** ☐ Delete
NAME **LETZRING, LYNNE**
STREET ADDRESS **807 FRANCES DRIVE**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **D** ☐ Delete
NAME **GOVE, ROY**
STREET ADDRESS **823 FRANCES DRIVE**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **D** ☐ Delete
NAME **Cynthia Earle**
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **Cynthia Earle**
STREET ADDRESS **817 St. Charles Drive**
CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE **D** ☐ Change ☒ Addition
NAME **JAN ARENTEAU**
STREET ADDRESS **830 St. Charles Drive**
CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE **T** ☐ Change ☒ Addition
NAME **Michel Denis**
STREET ADDRESS **1204 Live Oak Parkway**
CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE **VP** ☐ Change ☒ Addition
NAME **John Regan**
STREET ADDRESS **845 Oakwood Drive**
CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/06