SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $325)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10:13

DOCUMENT # N03401 (9)

1. Corporation Name
LEISURE LAKES PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
RT 4 BOX 205-A CHIPLEY FL 32428 US	RT 4 BOX 205-A CHIPLEY FL 32428 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1984
3a. Date of Last Report: 05/26/1994
4. FEI Number: 59-2658898 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3965 Leisure Lk Dr.	26 3121 Douglas Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Chipley	28 City & State: Panama City, FL
24 Zip: 32428 25 County: Washington	29 Zip: 32405 30 County: BAY

9. Name and Address of Current Registered Agent

WANDA TATE
RT 4 BOX 205A/B22
CHIPLEY FL 32428

10. Name and Address of New Registered Agent

81 Name: Patricia Joiner
82 Street Address (P.O. Box Number is Not Acceptable): 3121 Douglas Road
83
84 City: Panama City, FL 85 Zip Code: 32405

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Pat Joiner PAT JOINER Treasurer 5/31/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MARTIN, TOMMY	12 NAME	
STREET ADDRESS	1411 ALABAMA AVE	13 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	TIPTON, DAVID	22 NAME	
STREET ADDRESS	1937 QUAIL RUN	23 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	TENNYSON, GARY	32 NAME	
STREET ADDRESS	P O BOX 1893 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	PAN CITY FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, JOHN D	42 NAME	
STREET ADDRESS	P O BOX 582 N/A	43 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	T ☑ Change ☐ Addition
NAME	TATE, WANDA	52 NAME	PAT JOINER
STREET ADDRESS	RT 4 BOX 205-A / B-22	53 STREET ADDRESS	3121 Douglas Rd.
CITY-ST-ZIP	CHIPLEY FL	54 CITY-ST-ZIP	Panama City, FL 32405
TITLE	DS	61 TITLE	☐ Change ☐ Addition
NAME	NICHOLS, JEANETT	62 NAME	
STREET ADDRESS	6310 HWY 2311	63 STREET ADDRESS	
CITY-ST-ZIP	PAN CITY FL	64 CITY-ST-ZIP	

CR2E037 (3/95)

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

SIGNATURE: Tommy E. Martin 5/31/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Tommy E. Martin

0017588