

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McInnis Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03401** (9)
1. Corporation Name
LEISURE LAKES PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business 3965 LEISURE LK DR CHIPLEY FL 32428 US	Mailing Address 3121 DOUGLAS RD. 3965 Leisure Lk Dr PANAMA CITY FL 32405-3440 US Chipley, FL 32428
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/01/1984	3a. Date of Last Report 03/07/1996
		4. FEI Number 59-2658898	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JOINER, PATRICIA 3121 DOUGLAS ROAD PANAMA CITY FL 32405	10. Name and Address of New Registered Agent 81 Name Churchwell, Janet 82 Street Address (P.O. Box Number is Not Acceptable) 4152 Leisure Lakes Drive 83 84 City Chipley FL 85 Zip Code 32428
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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 Janet Churchwell Janet Churchwell DATE **4/11/97**
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 NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, TOMMY 1411 ALABAMA AVE LYNN HAVEN FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P Weathers, Howard III 3220 Fox Court Chipley, FL 32428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TIPTON, DAVID 1837 QUAIL RUN LYNN HAVEN FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP Tennyson, Gary PO Box 1893 3135 Lisenby Avenue Panama City, FL 32405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TENNYSON, GARY P O BOX 1893 N/A PAN CITY FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Haddock, C.C. 2134 Bonnett Pond Road Chipley, FL 32428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JOHN D P O BOX 582 N/A 4385 Leisure Lakes Dr CHIPLEY FL 32428 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Wise, Gus 4209 Leisure Lakes Drive Chipley, FL 32428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOINER, PAT 3121 DOUGLAS RD. PANAMA CITY FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	T/S Churchwell, Janet 4152 Leisure Lakes Drive Chipley, FL 32428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NICHOLS, JEANETT 6310 HWY 2311 PAN CITY FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	T/S Churchwell, Janet 4152 Leisure Lakes Drive Chipley, FL 32428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not materially differ from the information indicated on this annual report or supplemental annual report is true and correct. I am an officer or director of the corporation or the receiver or trustee empowered to file this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with my address.

SIGNATURE Janet Churchwell DATE **4/11/97** (601) 773-3055

CR2E037 (9/96)