

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 3965 LEISURE LAKE DR CHIPLEY FL 32428 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 06/01/1984	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	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**CHURCHWILL, JANET
4152 LEISURE LAKES DRIVE
CHIPLEY FL 32428**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 Churchill Janet Churchill Sec/Treasurer 4/11/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	WEATHERS, HOWARD I
STREET ADDRESS	3220 FOX COURT
CITY-ST-ZIP	CHIPLE FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	TENNYSON, GARY
STREET ADDRESS	3135 LIENBY AVE
CITY-ST-ZIP	PANAMA CITY FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	TENNYSON, GARY
STREET ADDRESS	P O BOX 1893 N/A
CITY-ST-ZIP	PAN CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JOHNSON, JOHN D
STREET ADDRESS	4358 LEISURE LAKES DR
CITY-ST-ZIP	CHIPLEY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HADDOCK, C.C.
STREET ADDRESS	2734 BONNETT POND RD
CITY-ST-ZIP	CHIPLEY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WISE, GUS
STREET ADDRESS	4209 LEISURE LAKES DRIVE
CITY-ST-ZIP	CHIPLEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janet Churchill 4/11/98 850 773 3843

CR2E037 (10/97)