


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90216 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N03401					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/01/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2658898	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		24	
25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
e CHURCHWELL, JANET 4152 LEISURE LAKES DRIVE CHIPLEY FL 32428				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEATHERS, HOWARD I			1.2 NAME			
STREET ADDRESS	3220 FOX COURT			1.3 STREET ADDRESS			
CITY-ST-ZIP	CHIPLE FL			1.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TENNYSON, GARY			2.2 NAME			
STREET ADDRESS	3135 LIENBY AVE			2.3 STREET ADDRESS	4385 Leisure Lakes Drive		
CITY-ST-ZIP	PANAMA CITY FL			2.4 CITY-ST-ZIP	Chipley, FL 32428		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, JOHN D			3.2 NAME	GARY TENNYSON		
STREET ADDRESS	4358 LEISURE LAKES DR			3.3 STREET ADDRESS	3135 Lienby Avenue		
CITY-ST-ZIP	CHIPLEY FL			3.4 CITY-ST-ZIP	Panama City, FL		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HADDOCK, C.C.			4.2 NAME			
STREET ADDRESS	2734 BONNETT POND RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	CHIPLEY FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WISE, GUS			5.2 NAME			
STREET ADDRESS	4209 LEISURE LAKES DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	CHIPLEY FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: Janet Churchwell 4/13/99 (850) 773-5704

CR2E037 (11/98)