2002 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2002 8:00 am Secretary of State **DOCUMENT # N03401** 1. Entity Name LEISURE LAKES PROPERTY OWNERS' ASSOCIATION. INC. 04-30-2002 90188 020 ****61 Principal Place of Business Mailing Address 3965 LEISURE LAKE DR 3965 LEISURE LK DR CHIPLEY FL 32428 CHIPLEY FL 32428 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2658898 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CHURCHWELL, JANET 4152 LEISURE LAKES DRIVE CHIPLEY FL 32428 Žip Code City 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. Churchwei 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITLE Change ☐ Delete TITLE WISE, GUS JR NAME NAME 4209 LEISURE LAKES DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHIPLEY FL 32428 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE GAINER, GEORGE B NAME NAME STREET ADDRESS 720 W BEACH DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32401 ☐ Addition Change TITLE ☐ Delete TITLE JOHNSON, JOHN D NAME 801 DOGWOOD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHIPLEY FL 32428 Change ☐ Addition Delete TITLE TITLE HADDOCK, C C NAME NAME 2734 BONNETT POND ROAD STREET ADDRESS STREET ADDRESS CHIPLEY FL 32428 CITY-ST-ZIP CITY-ST-7IP Director Change **Addition** TITLE Delete TITLE Stanley G. Harrison WARMACK, AUDREE NAME NAME 3355 Preakness place 3433 CARDINAL PLACE STREET ADDRESS STREET ADDRESS Chipky CHIPLEY FL 32428 CITY-ST-ZIP CITY-ST-ZIP 7. T. J. C. T. Addition Change TITLE TITLE Delete

12. 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 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 receive for trustee empowered to execute this report as required by Chapter 617, 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SMITH, SHERRI

4626 DOVE COURT

CHIPLEY FL 32428

PEDSILISED TO

//13/02 (958) 773-94 Dayline Phone #

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