2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # N03401 1. Entity Name LEISURE LAKES PROPERTY OWNERS' ASSOCIATION, INC.						05-02-2005	90409 029	****61	.25	
Principal Place of Business 3965 LEISURE LK DR CHIPLEY, FL 32428 US		Mailing Address 3965 LEISURE LAKE DR CHIPLEY, FL 32428 US			14013972 -					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		042	222005	Chg-NP	CR2E037	(10/03)		
City & State		City & State			El Numbe 59-2658			-	plied For at Applicable	
Zip _	Country	Zip	.Country	5. (Certificate	of Status Desired		8:75 Add		
	6. Name and Address of Current	Registered Agent		7. N	lame and	Address of New	Registered A	jent		
RILEY, MARGARET 1754 PIONEER RD CHIPLEY, FL 32428				Name Street Address (P.O. Box Number is Not Acceptable)						
o, 22.,										
			City				FL	Zip Cod	e	
the obligations of registered agent. SIGNATURE SIgnature (typed or purised name of registered agent and title if applicable. (NOTE: Registered Agent signature required w							4/26 BATE	· · · · · ·		
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co		\$5.0 Adde	00 May Bod to Fees	FI	Make check orida Departr	•		
10.	OFFICERS AND DIF		11.	ADDIT	IONS/CHA	NGES TO OFFIC				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAMBIN, HENIA 4529 LEISURE LAKES DRIVE CHIPLEY, FL 32428	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					_] Changé	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, MARSHA 4119 LEISURE LAKES DRIVE PANAMA CITY, FL 32401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENSLER, TOM 4390 LEISURE LAKES DRIVE PANAMA CITY, FL 32401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				١	_] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, RANDY 3371 QUAIL RIDGE DRIVE CHIPLEY, FL 32428	CXX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		son, E. H	lighway	77	_] Change	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, STANLEY G 3355 PREAKNESS PLACE CHIPLEY, FL 32428	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	enip.	rey	FL 324	120 "	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RILEY, MARGARET 1754 PIONEER ROAD CHIPLEY, FL 32428	☐ Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP					Change	☐ Addition	

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 receiver or trustee empowered to execute this seport 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henia Lambio President

850<u>-773</u>-301

Daytime Phone #