

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90172 004 ****61.25

DOCUMENT # N03401

1. Entity 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

40080247



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2658898

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RILEY, MARGARET
1754 PIONEER RD
CHIPLEY, FL 32428

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Margaret Riley

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/2007

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete
NAME LAMBIN, HENIA
STREET ADDRESS 4529 LEISURE LAKES DRIVE
CITY-ST-ZIP CHIPLEY, FL 32428

TITLE P ☐ Change ☒ Addition
NAME Cobb, Charles
STREET ADDRESS 4829 Derby Drive
CITY-ST-ZIP Chipley FL 32428

TITLE V ☒ Delete
NAME STACY, LORAN E
STREET ADDRESS 4314 LEISURE LAKES DR
CITY-ST-ZIP CHIPLEY, FL 32428

TITLE V ☐ Change ☒ Addition
NAME Madore Daniel
STREET ADDRESS 4501 Leisure Lakes Drive
CITY-ST-ZIP Chipley FL 32428

TITLE S ☒ Delete
NAME NORFOLK, RONALD
STREET ADDRESS 4281 LEISURE LAKES DR
CITY-ST-ZIP CHIPLEY, FL 32428

TITLE S ☐ Change ☒ Addition
NAME Johnson Dennis
STREET ADDRESS 3351 Native Dancer Trail
CITY-ST-ZIP Chipley FL 32428

TITLE D ☐ Delete
NAME JOHNSON, RUTH
STREET ADDRESS 6656 E HWY 77
CITY-ST-ZIP CHIPLEY, FL 32428

TITLE D ☒ Change ☐ Addition
NAME Johnson Ruth
STREET ADDRESS PO Box 805
CITY-ST-ZIP Chipley FL 32428

TITLE D ☒ Delete
NAME HARRISON, STANLEY G
STREET ADDRESS 3355 PREAKNESS PLACE
CITY-ST-ZIP CHIPLEY, FL 32428

TITLE D ☐ Change ☒ Addition
NAME Martin Marsha
STREET ADDRESS 4119 Leisure Lakes Drive
CITY-ST-ZIP Chipley FL 32428

TITLE T ☐ Delete
NAME RILEY, MARGARET
STREET ADDRESS 1754 PIONEER ROAD
CITY-ST-ZIP CHIPLEY, FL 32428

TITLE T ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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.

SIGNATURE:

Charles B. Cobb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles B. Cobb 4/19/07
Date

Daytime Phone #