


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90026 016 \*\*\*\*61.25

<b>DOCUMENT # N03401</b> 1. Entity Name <b>LEISURE LAKES PROPERTY OWNERS' ASSOCIATION, INC.</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2658898</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COBB, CHARLES		NAME		
STREET ADDRESS	4829 DERBY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY, FL 32428		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MADORE, DANIEL		NAME	Butler Susan	
STREET ADDRESS	4501 LEISURE LAKES DRIVE		STREET ADDRESS	4829 Springer Drive	
CITY-ST-ZIP	CHIPLEY, FL 32428		CITY-ST-ZIP	Chipley FL 32428	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOHNSON, DENNIS		NAME	Secretary Moore Robert J	
STREET ADDRESS	3351 NATIVE DANCER TRAIL		STREET ADDRESS	3324 Preakness Place	
CITY-ST-ZIP	CHIPLEY, FL 32428		CITY-ST-ZIP	Chipley FL 32428	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, RUTH		NAME		
STREET ADDRESS	P.O. BOX 805		STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY, FL 32428		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARTIN, MARSHA		NAME	Owens William D.	
STREET ADDRESS	4119 LEISURE LAKES DRIVE		STREET ADDRESS	3339 Cardianl Place	
CITY-ST-ZIP	CHIPLEY, FL 32428		CITY-ST-ZIP	Chipley FL 32428	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RILEY, MARGARET		NAME		
STREET ADDRESS	1754 PIONEER ROAD		STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY, FL 32428		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.					
<b>SIGNATURE: Margaret Riley</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Treasurer</b> Date <b>4/21/2008</b> Daytime Phone # <b>850-638-1781</b>		