

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90341 018 ****61.25



DOCUMENT # N23088

1. Entity Name

LEESBURG BOATING CLUB, INC.

Principal Place of Business

P O BOX 491043
 LEESBURG FL 34749-8043
 US

Mailing Address

P O BOX 491043
 LEESBURG FL 34749-8043
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

City & State

4. FEI Number

59-2328353

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

DUNK, MILLIE
 1548 NORMANDY WAY
 LEESBURG FL 34748

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HALL, LLOYD	
STREET ADDRESS	27 SUNRISE LN	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ENGEL, WILLIAM L	
STREET ADDRESS	108 SEA FERN DR	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PLUEMER, EDWARD	
STREET ADDRESS	169 CROWN DR.	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HUGHES, MORRIS	
STREET ADDRESS	5437 ROSEWALL CIRCLE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WEDDLER, DORIS	
STREET ADDRESS	1414 LAKEVIEW DR	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEEVER, BETTY	
STREET ADDRESS	170 BOUGANVILLE DR	
CITY-ST-ZIP	LEESBURG FL 34748	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSEKNECHT, ROBERT	
STREET ADDRESS	11604 CARRERA DRIVE	
CITY-ST-ZIP	THE VILLAGES, FL 32159	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, MARK	
STREET ADDRESS	706 PASA DEL NORTE AVE.	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDLEY, MARK	
STREET ADDRESS	118 LEE STREET	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, PENNY	
STREET ADDRESS	706 PASA DEL NORTE AVE.	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDLEY, JANE	
STREET ADDRESS	118 LEE STREET	
CITY-ST-ZIP	LEESBURG, FL 34748	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Morris Hughes* MORRIS HUGHES TREASURER 4/7/06 352-728-5322