

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0087308

DOCUMENT # N99000001941

1. Entity Name

LEESONS HOME OWNERS ASSOCIATION, INC.

03-29-2002 91433 002 ****61.25

Principal Place of Business

Mailing Address

**606 1/2 CONROY AVE.
 INVERNESS FL 34450**

**606 1/2 CONROY AVE.
 INVERNESS FL 34450**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3570262

Applied For

Not Applicable

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

**NELSON, JOHN A
 SLAYMAKER AND NELSON, P.A.
 2218 HWY. 44 W.
 INVERNESS FL 34453**

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.

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D SMITH, RICHARD J**
 STREET ADDRESS **232 LAUREL WOOD LANE**
 CITY-ST-ZIP **HORSESHOE NC 26742**

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

TITLE ☐ Delete
 NAME **D SMITH, SHIRLEY**
 STREET ADDRESS **232 LAUREL WOOD LANE**
 CITY-ST-ZIP **HORSE SHOE NC 28742**

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

TITLE ☐ Delete
 NAME **D BROSEN, MARILYN**
 STREET ADDRESS **240 SATELLITE AVE**
 CITY-ST-ZIP **INVERNESS FL 34450**

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

TITLE ☐ Delete
 NAME **D BOSS, LEW**
 STREET ADDRESS **5020 CONROY**
 CITY-ST-ZIP **INVERNESS FL 34450**

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

TITLE ☐ Delete
 NAME **D MAVES, DORIS**
 STREET ADDRESS **471 N CULLEN ST**
 CITY-ST-ZIP **RENSSELAER IN 47978**

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

TITLE ☐ Delete
 NAME **D OCONNOR, AN**
 STREET ADDRESS **141 MARYS POINT RD**
 CITY-ST-ZIP **HARVEY ALBERT, CANADA E4-H 2M**

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

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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)