

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90084 002 ****61.25

DOCUMENT # N99000001941

1. Entity Name EIN # 59-357-0262

LEESONS HOME OWNERS ASSOC, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

672 MuskMellon Rd DORIS

Suite, Apt. #, etc.

MAVES

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

INVERNESS FL

City & State

SAME

Zip

34450-

Country

USA

Zip

SAME

Country

SAME

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name DORIS MAVES

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

672 MUSKMELLON RD

City

INVERNESS

FL

Zip Code

34450

**DO NOT WRITE
IN THIS SPACE**

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 Doris Maves DORIS MAVES, PRES.

3-10-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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 D
NAME DORIS MAVES
STREET ADDRESS 672 MUSKMELLON RD
CITY-ST-ZIP INVERNESS FL 34450

TITLE V
NAME MILTON MACDONALD
STREET ADDRESS 242 SATELLITE AVE
CITY-ST-ZIP INVERNESS FL 34450

TITLE T
NAME Charlene Freet
STREET ADDRESS 674 MUSKMELLON RD
CITY-ST-ZIP INVERNESS FL 34450

TITLE S
NAME DOROTHY BOSS
STREET ADDRESS 602 CONROY AVE
CITY-ST-ZIP INVERNESS FL 34450

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: DORIS MAVES Doris Maves Pres. 3-10-04 352-344-9776

CR2E037B (12/02)