

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P08638** (9)

1. Corporation Name

**LEESBURG REAL ESTATE ASSOCIATES, INC.**



Principal Place of Business

Mailing Address

~~2700 DELK ROAD~~  
~~SUITE 125~~  
~~MARIETTA GA 30067~~  
US

~~2700 DELK ROAD~~  
~~SUITE 125~~  
~~MARIETTA GA 30067~~  
US

3. Date Incorporated or Qualified

**01/03/1986**

3a. Date of Last Report

**02/08/1995**

2. Principal Place of Business

2a. Mailing Address

21 **1100 LAKE HEARN DRIVE**

26 **1100 LAKE HEARN DRIVE**

4. FEI Number

**58-1652184**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **ATLANTA GEORGIA**

28 **ATLANTA, GEORGIA**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **30342**

25 **FULTON**

29 **30342**

30 **FULTON**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PULLUM, J. STEPHEN**  
**1330 WEST CITIZENS BLVD.**  
**SUITE 301**  
**LEESBURG FL 32749-2160**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME: **PD**  
**COOPER, LAWRENCE E.**  
STREET ADDRESS: ~~**610 RIVER CHASE POINT, NW**~~  
CITY, ST, ZIP: ~~**ATLANTA GA**~~

1.2 NAME  
1.3 STREET ADDRESS: **2000 WEST PACES FERRY ROAD**  
1.4 CITY, ST, ZIP: **ATLANTA, GEORGIA 30327**

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME: **VSD**  
**JONES, NORMAN E.**  
STREET ADDRESS: **350 STONE MILL TRAIL**  
CITY, ST, ZIP: **ATLANTA GA**

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY, ST, ZIP: **30328**

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME: **TD**  
**MCCORD, DALE L.**  
STREET ADDRESS: **6100 RIVER CHASE CIR., NW**  
CITY, ST, ZIP: **ATLANTA GA**

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY, ST, ZIP: **30328**

TITLE ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME: **S**  
**D'ANDREA, KATHERINE S.**  
STREET ADDRESS: ~~**2700 DELK ROAD SUITE 125**~~  
CITY, ST, ZIP: **MARIETTA GA**

4.2 NAME  
4.3 STREET ADDRESS: **1100 LAKE HEARN DRIVE**  
4.4 CITY, ST, ZIP: **ATLANTA, GEORGIA 30342**

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME:  
STREET ADDRESS:

5.2 NAME  
5.3 STREET ADDRESS

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME:  
STREET ADDRESS:

6.2 NAME  
6.3 STREET ADDRESS

TITLE ☐ DELETE

6.4 CITY, ST, ZIP

CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Katherine S. D'Andrea*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/96**

Date

**(404) 705-5050**

Daytime Phone #

CR2E034 (12/95)