

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03401

**Entity Name:** LEISURE LAKES PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**3965 LEISURE LAKES DR  
CHIPLEY, FL 32428**Current Mailing Address:**3965 LEISURE LAKES DR  
CHIPLEY, FL 32428 US**FEI Number:** 59-2658898**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUNLAP & SHIPMAN, PA  
2063 COUNTY HWY 395  
SANTA ROSA BEACH, FL 32459 US*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:** GARY SHIPMAN

04/11/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER, SECRETARY  
Name            WERING, TERRI  
Address        3965 LEISURE LAKES DR  
City-State-Zip: CHIPLEY FL 32428

Title            DIRECTOR  
Name            ELSTON, GEORGE  
Address        3965 LEISURE LAKES DR  
City-State-Zip: CHIPLEY FL 32428

Title            VP  
Name            DAVIS, MIKE  
Address        3965 LEISURE LAKES DR  
City-State-Zip: CHIPLEY FL 32428

Title            PRESIDENT  
Name            STRAY, ALBERT  
Address        3965 LEISURE LAKES DR  
City-State-Zip: CHIPLEY FL 32428

Title            DIRECTOR  
Name            QUINN, DECLAN  
Address        3965 LEISURE LAKES DR  
City-State-Zip: CHIPLEY FL 32428

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALBERT STRAY**PRESIDENT**

04/11/2022

Electronic Signature of Signing Officer/Director Detail

Date