

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**FILED**  
**Feb 24 1998 8:00am**  
**Secretary of State**

**DOCUMENT # S16716 (0)**  
1. Corporation Name  
**LEISURE HOMES MOBILE HOME PARK, INC.**



Principal Place of Business: 2100 HWY. 92 W. WINTER HAVEN FL 33881  
Mailing Address: PO BOX 1879 AUBURDALE FL 33823-1679 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2100 HWY. 92 W. WINTER HAVEN FL 33881		26 3939 LYNCHBURG ROAD		11/30/1990	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 WINTER HAVEN FL		59-3041860	
24 Zip		29 33881		30 Country	
25 Country		29 33881		30 Country	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
VERPLANCK, JAMES 3525 BRIDGEFIELD DRIVE LAKELAND FL 33803				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
10. Name and Address of New Registered Agent				6. Election Campaign Financing Trust Fund Contribution	
				85 FL	
				86 Zip Code	
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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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAROWSKA, ROBERT	1.2 NAME	
STREET ADDRESS	31 WINDEMERE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GROSSE PT.FARMS MI	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERPLANCK, WILLIAM	2.2 NAME	
STREET ADDRESS	6713 ENGLELAKE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERPLANCK, JAMES	3.2 NAME	
STREET ADDRESS	3525 BRIDGEFIELD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: \_\_\_\_\_ DATE: 2/13/98

CR2E034 (10/97)