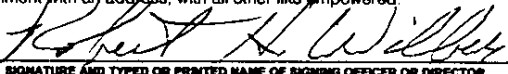


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90198 008 ****61.25

DOCUMENT # 714146 1. Entity Name LEISURE ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 8605 ELEUTHERA LANE FORT MYERS, FL 33907			Mailing Address P.O. BOX 62013 FORT MYERS, FL 33906-2013		
2. Principal Place of Business - No P.O. Box # 8601 Flores Ct.		3. Mailing Address P.O. Box 62013			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ft Myers FL		City & State Ft Myers FL		4. FEI Number 59-1319493	
Zip 33907		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33906		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CICO, ELI 8605 ELEUTHERA LANE FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name Robert Wilber Street Address (P.O. Box Number is Not Acceptable) 8601 Flores Ct. City Ft Myers FL Zip Code 33907		
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  DATE 4-23-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CICO, ELI 8605 ELEUTHERA LANE FORT MYERS, FL 33907	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEATHERSTONE, WILLIAM 17090 CORAL CAY LN FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NORWOOD, KATHE 8600 GRANADA FORT MYERS, FL 33907	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIMES, PAUL 2188 LEISURE LN FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILBER, ROBERT H 8601 FLORES CT FORT MYERS, FL 33907	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, RON 8604 ELEUTHERA LN FORT MYERS, FL 33907	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Vice President Wally Mattson 2196 Caracas Ct. Fort Myers, FL 33907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Clare Himes 2188 Leisure Ln. Fort Myers, FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  4-23-07 239-939-5656 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					