2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#714146

FILED Apr 12, 2009 Secretary of State

Entity Name: LEISURE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 8661 FLORES CT FORT MYERS, FL 33907 **Current Mailing Address: New Mailing Address:** P.O. BOX 62013 FORT MYERS, FL 33906 FEI Number: 59-1319493 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILBER, ROBERT 8661 FLÓRES CT FORT MYERS, FL 33907 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete CICO, ELI FALL, JESSE ALLEN Name: Name: 8605 ELEUTHERA LANE Address: 2168 LEISURE LANE Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33907 Title: Title: (X) Change () Addition () Delete MATTSON, WALLY Name: CONYERS, GARY Name: Address: 2196 CARACAS CT Address: 8629 FLORES COURT City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33907 Title: STD () Delete Title: (X) Change () Addition NORWOOD, KATHE LIMBACH, MARY Name: Name: 8512 DOMINICAN COURT Address: 8600 GRANADA Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33907 Title: D Title: () Change () Addition () Delete Name: HIMES, CLARE Name: 2188 LEISURE LN Address: Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: Title: () Delete Title: () Change () Addition WILBER, ROBERT H Name: Name: 8661 FLORES CT Address: Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: Title: () Delete Title: (X) Change () Addition MURRAY, RON ROEDDING, GORDON Name: Name: Address: 8604 ELEUTHERA LN Address: 8612 GRANADA COURT FORT MYERS, FL 33907 FORT MYERS, FL 33907 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAMELA BROWN BKPR 04/12/2009