

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N19775

1. Entity Name
LEISURE HOME RESIDENTS, INC.



Principal Place of Business
53 IDLE LANE
WINTER HAVEN, FL 33881 US

Mailing Address
53 IDLE LANE
WINTER HAVEN, FL 33881 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.
6 EASY LANE

Suite, Apt. #, etc.
6 EASY LANE

City & State
LAKE ALFRED, FL

City & State
LAKE ALFRED, FL

Zip
33850

Country
USA

Zip
33850

Country
USA

04052007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3113402

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOBEN, LARRY
53 IDLE LANE
WINTER HAVEN, FL 33881

Name **Smith, Ruth S**

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

6 EASY LANE

City **LAKE ALFRED**

FL Zip Code
33850

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

Harry Hoben

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

(NOTE: Registered Agent signature required when reinstating)

04/13/07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. **\$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 FRANKLIN, JESSE 16 EASY LANE WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Porter, Robert 37 IDLE LANE LAKE ALFRED, FL 33850	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCALLISTER, BUDDY 4 LEISURE LANE WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Hoben, LARRY 53 IDLE LANE LAKE ALFRED, FL 33850	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEWS, VERDA 51 LEISURE LANE WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hews, Verda 51 LEISURE LANE LAKE ALFRED, FL 33850	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOBEN, LARRY 53 IDLE LANE WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Smith, Ruth S. 6 EASY LANE LAKE ALFRED, FL 33850	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2YRD ELCHAS, JUDE 22 LEISURE LANE WINTER HAVEN, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 YRD Elchas, Jude 22 Leisure Lane LAKE ALFRED, FL 33850	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1YRD LONG, PATRICIA 3 LEISURE LANE WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 YRD Decker, John W. 7 EASY LANE LAKE ALFRED, FL 33850	<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: *Quint S. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-07 (863) 952-0512
Date Daytime Phone #

ATTACHMENT

40063163

**Division of Corporations****Annual Report**

Document Number

NT9775

Business Entity Name

LEISURE HOME RESIDENTS, INC.

FEI Number

593113402

FEI Number Status

 Listed Above Applied For Not Applicable

Certificate of Status Desired

 Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution

 Yes No
Principal Place of Business

Address

6 Easy Lane

Suite, Apt. #, etc.

City, State

Lake Alfred, FL

Zip Code & Country

33850 US

Mailing Address

Address

6 Easy Lane

Suite, Apt. #, etc.

City, State

Lake Alfred, FL

Zip Code & Country

33850 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

Smith, Ruth, S,

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

6 Easy Lane

Suite, Apt. #, etc.

City, State

Lake Alfred, FL

Zip Code & Country

33850 US

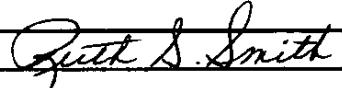
If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of

ATTACHMENT40063163AV19775

registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Ruth S. Smith



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

PD

Name (Last, First, Middle, Title)

Porter

Robert

- OR -Entity Name to serve as
Officer/Director

Street Address

37 Idle Lane

City, State

Lake Alfred

FL

Zip Code & Country

33850

Title

V

Name (Last, First, Middle, Title)

Hoben

Larry

- OR -Entity Name to serve as
Officer/Director

Street Address

53 Idle Lane

City, State

Lake Alfred

FL

Zip Code & Country

33850

Title

S

Name (Last, First, Middle, Title)

Hews

Verda

- OR -Entity Name to serve as
Officer/Director

Street Address

51 Leisure Lane

City, State

Lake Alfred

FL

Zip Code & Country

33850

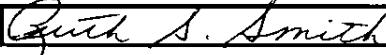
ATTACHMENT

40063163

#119775

Title Name (Last, First, Middle, Title) **- OR -**Entity Name to serve as
Officer/Director Street Address City, State Zip Code & Country Title Name (Last, First, Middle, Title) **- OR -**Entity Name to serve as
Officer/Director Street Address City, State Zip Code & Country Title Name (Last, First, Middle, Title) **- OR -**Entity Name to serve as
Officer/Director Street Address City, State Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title Officer/Director Signature 

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.