


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90087 038 ****61.25

| | |
|---|---|
| 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 |
|--|--|

40063163



| | | | |
|--|-----------------------|---|-----------------------|
| 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 <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

| | | | |
|--|--|--|-----------------------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New 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 *Larry Hoben* DATE 04/13/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|--|--|
| 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 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 | T 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: *Quinn A. Smith* DATE 4-13-07 (863) 952-0512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 eachElection 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

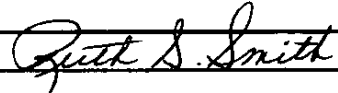
33850

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

ATTACHMENT 40063163

... #19775
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
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

ATTACHMENT

... 40063163

#N19725

Title

T

Name (Last, First, Middle, Title)

Smith

Ruth

S

- OR -

Entity Name to serve as
Officer/Director

Street Address

6 Easy Lane

City, State

Lake Alfred

FL

Zip Code & Country

US

Title

1YR

Name (Last, First, Middle, Title)

Eichas

Jude

- OR -

Entity Name to serve as
Officer/Director

Street Address

22 Leisure Lane

City, State

Lake Alfred

FL

Zip Code & Country

33850

Title

2YR

Name (Last, First, Middle, Title)

Decker

John

- OR -

Entity Name to serve as
Officer/Director

Street Address

7 Easy Lane

City, State

Lake Alfred

FL

Zip Code & Country

33850

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

T

Officer/Director 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. The individual "signing" this document affirms that the facts stated herein are true.