

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19775

FILED
Feb 19, 2009
Secretary of State

Entity Name: LEISURE HOME RESIDENTS, INC.

Current Principal Place of Business:

6 EASY LANE
LAKE ALFRED, FL 33850 US

New Principal Place of Business:

Current Mailing Address:

6 EASY LANE
LAKE ALFRED, FL 33850 US

New Mailing Address:

FEI Number: 59-3113402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, RUTH S
6 EASY LANE
LAKE ALFRED, FL 33850 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: PRUTSMAN, EVERETT
Address: 39 TRANQUILITY LANE
City-St-Zip: LAKE ALFRED, FL 33850

Title: VP () Delete
Name: QUINTERO, ROBERT
Address: 4 LEISURE LANE
City-St-Zip: LAKE ALFRED, FL 33850

Title: S () Delete
Name: HEWS, VERDA
Address: 51 LEISURE LANE
City-St-Zip: LAKE ALFRED, FL 33850

Title: T () Delete
Name: SMITH, RUTH S
Address: 6 EASY LANE
City-St-Zip: LAKE ALFRED, FL 33850 US

Title: 1D () Delete
Name: DECKER, JOHN
Address: 7 EASY LAN E
City-St-Zip: LAKE ALFRED, FL 33850

Title: 2D () Delete
Name: SMITH, EDWARD B
Address: 6 EASY LANE
City-St-Zip: LAKE ALFRED, FL 33850

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: PHELPS, RONNIE
Address: 14 EASY LANE
City-St-Zip: LAKE ALFRED, FL 33850

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 1D (X) Change () Addition
Name: SMITH, EDWARD B
Address: 6 EASY LAN E
City-St-Zip: LAKE ALFRED, FL 33850

Title: 2D (X) Change () Addition
Name: WILCHER, EARL
Address: 46 LAZY LANE
City-St-Zip: LAKE ALFRED, FL 33850

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: RUTH S. SMITH

T

02/19/2009

Electronic Signature of Signing Officer or Director

Date