


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90013 001 \*\*\*\*61.25

<b>DOCUMENT # N35782</b> 1. Entity Name <b>LEISURE ACRES MOBILE HOME OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>3651 US 27 SOUTH LOT 573 SEBRING, FL 33870 US</b>		Mailing Address <b>3651 US 27 SOUTH LOT 573 SEBRING, FL 33870 US</b>	
2. Principal Place of Business - No P.O. Box # <b>3651 US 27 SOUTH Suite, Apt. #, etc. LOT 517</b>		3. Mailing Address <b>3651 US 27 SOUTH Suite, Apt. #, etc. LOT 517</b>	
City & State <b>SEBRING, FL</b>		City & State <b>SEBRING, FL</b>	
Zip <b>33870</b>	Country <b>US</b>	Zip <b>33870</b>	Country <b>US</b>
6. Name and Address of Current Registered Agent  <b>LESNIAK, JEROME A 3651 US 27 SOUTH LOT 517 SEBRING, FL 33870</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u><i>Jerome A. Lesniak</i></u> <b>JEROME A. LESNIAK</b> <u>JAN 29, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEYEN, DONALD 3651 US 27 S LOT 206 SEBRING, FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LESNIAK, JEROME 3651 US 27 SOUTH LOT 517 SEBRING, FL 33870 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONIFAS, RUFUS 3651 US 27 SOUTH, LOT 108 SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOEHNER, ESTHER 3651 US 27 SOUTH LOT 73 SEBRING, FL 33870 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAUGHMAN, BETTY 3651 US 27 S LOT 522 SEBRING, FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>LESNIAK, JEROME</del> , TERRY, CHARLES 3651 US 27 SOUTH LOT 79 SEBRING, FL 33870 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIMSEY, JOSEPH 3651 US 27 S LOT 83 SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O SKILES, CLARENCE 3651 US 27 SOUTH LOT 176 SEBRING, FL 33870 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, BOB 3651 US 27 SOUTH LOT 515 SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAUDETTE, MAURICE 3651 US 27 SOUTH LOT 76 SEBRING, FL 33870 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDER, PHYLLIS 3651 US 27 S LOT 558 SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINIARSKI, WILLIAM 3651 US 27 SOUTH LOT 513 SEBRING, FL 33870 <input type="checkbox"/> Change <input checked="" 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.			
<b>SIGNATURE: <u><i>Jerome A. Lesniak</i></u> JEROME A. LESNIAK JAN 29, 2007 863-471-2918</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

ATTACHMENT 40008963  
11-1535389

# N35782

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