2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2009
Secretary of State

DOCUMENT# N35782

Entity Name: LEISURE ACRES MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9062 MICHIGAN RD
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

9062 MICHIGAN RD
LOT 517
SEBRING, FL 33870 US

New Mailing Address:

FEI Number: 59-2987399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LESNIAK, JEROME A
9062 MICHIGAN RD
SEBRING, FL 33870 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:	V	( ) Delete
Name:	HEYEN, DONALD	
Address:	3651 US 27 S LOT 206	
City-St-Zip:	SEBRING, FL 33870	
Title:	P	( ) Delete
Name:	SOEHNER, ESTHER	
Address:	3651 US 27 SOUTH LOT 73	
City-St-Zip:	SEBRING, FL 33870	
Title:	D	( ) Delete
Name:	SCHRADER, CHARLES	
Address:	1063 WEST VIRGINIA	
City-St-Zip:	SEBRING, FL 33870	
Title:	D	( ) Delete
Name:	GAUDETTE, MAURICE	
Address:	2030 MISSOURI DRIVE	
City-St-Zip:	SEBRING, FL 33870	
Title:	D	( ) Delete
Name:	TERRY, CHARLES	
Address:	2024 MISSOURI DRIVE	
City-St-Zip:	SEBRING, FL 33870	
Title:	T	( ) Delete
Name:	LESNIAK, JEROME	
Address:	9062 MICHIGAN RD	
City-St-Zip:	SEBRING, FL 33870	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: JEROME A LESNIAK T 02/20/2009

Electronic Signature of Signing Officer or Director — Date