


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N43334 1. Entity Name LEESBURG PLANTATION GOLF CLUB, INC.	
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Principal Place of Business 25201 US HIGHWAY 27 SOUTH LEESBURG, FL 34748	Mailing Address 25201 US HIGHWAY 27 SOUTH LEESBURG, FL 34748
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U00000433079
02/23/06-80055-026 61.25



01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3131905	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent THIELE, EARL H 25201 HWY 27 LEESBURG, FL 32748

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HEMPHILL, ROSS 25201 US HWY LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THIELE, EARL H. 25201 US HWY 27 SOUTH LEESBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROBERT, TONRY 25201 US HWY 27 SOUTH LEESBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Robert B. Tonry, Treasurer 	1/30/06	352-326-4170
<small>SIGNATURE OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>