

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S52293 (5)

1. Corporation Name  
FIVE STAR LEESBURG FAMILY RESORT, INC.



Principal Place of Business  
13330 W. COLONIAL DR., #130  
WINTER GARDEN FL 32787

Mailing Address  
P.O. BOX 1523  
WINDERMERE FL 34786-1523

|                                                                                                                                                                |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>05/13/1991                                                                                                                | 3a. Date of Last Report<br>05/28/1996 |
| 4. FEI Number<br>59-3066421                                                                                                                                    | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                        | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                             | \$5.00 May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 516 So. Dillard St.         | 26 Suite, Apt. #, etc. |
| 22 Ste 4                       | 27 City & State        |
| 23 Winter Garden FL            | 28 Zip                 |
| 24 34787                       | 29 Country             |
| 25 USA                         | 30                     |

9. Name and Address of Current Registered Agent  
EBY, MELANIE  
1739 ROBERTS LANDING RD.  
WINDERMERE FL 34786

|                                                       |
|-------------------------------------------------------|
| 81 Name                                               |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83                                                    |
| 84 City                                               |
| 85 Zip Code                                           |

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                             |
|----------------------------|--------------------------|-------------------------------------------------------|-----------------------------|
| TITLE                      | PSD                      | 1.1 TITLE                                             | President                   |
| NAME                       | EBY, MELANIE             | 1.2 NAME                                              | James Eby                   |
| STREET ADDRESS             | 1739 ROBERTS LANDING RD. | 1.3 STREET ADDRESS                                    | 516 So. Dillard St. #4      |
| CITY-ST-ZIP                | WINDERMERE FL            | 1.4 CITY-ST-ZIP                                       | Winter Garden, FL 34787     |
| TITLE                      |                          | 2.1 TITLE                                             | Secretary                   |
| NAME                       |                          | 2.2 NAME                                              | Kathryn Hall                |
| STREET ADDRESS             |                          | 2.3 STREET ADDRESS                                    | 23098 Freddie Frank Rd.     |
| CITY-ST-ZIP                |                          | 2.4 CITY-ST-ZIP                                       | Pass Christian, MS 39571    |
| TITLE                      |                          | 3.1 TITLE                                             | V.D.T.                      |
| NAME                       |                          | 3.2 NAME                                              | Melanie Eby                 |
| STREET ADDRESS             |                          | 3.3 STREET ADDRESS                                    | 516 So. Dillard St., Ste #4 |
| CITY-ST-ZIP                |                          | 3.4 CITY-ST-ZIP                                       | Winter Garden, FL 34787     |
| TITLE                      |                          | 4.1 TITLE                                             |                             |
| NAME                       |                          | 4.2 NAME                                              |                             |
| STREET ADDRESS             |                          | 4.3 STREET ADDRESS                                    |                             |
| CITY-ST-ZIP                |                          | 4.4 CITY-ST-ZIP                                       |                             |
| TITLE                      |                          | 5.1 TITLE                                             |                             |
| NAME                       |                          | 5.2 NAME                                              |                             |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    |                             |
| CITY-ST-ZIP                |                          | 5.4 CITY-ST-ZIP                                       |                             |
| TITLE                      |                          | 6.1 TITLE                                             |                             |
| NAME                       |                          | 6.2 NAME                                              |                             |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |                             |
| CITY-ST-ZIP                |                          | 6.4 CITY-ST-ZIP                                       |                             |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Melanie Eby Melanie Eby 3/12/97 4076568700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)