

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90039 001 ***750.00

PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # S52293

1. Corporation Name

FIVE STAR LEESBURG FAMILY RESORT, INC.



Principal Place of Business
516 S. DILLARD ST.
STE. 4
WINTER GARDEN FL 34787
US

Mailing Address
P.O. BOX 6367
DIAMONDHEAD MS 39525-6000

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1991	
21	Suite, Apt. #, etc.	28	Suite, Apt. #, etc.	4. FEI Number 59-3066421	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

EBY, MELANIE
1739 ROBERTS LANDING RD.
WINDERMERE FL 34786

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P.S.D.
NAME	EBY, MELANIE	1.2 NAME	JAMES EBY
STREET ADDRESS	516 S. DILLARD ST., STE. 4	1.3 STREET ADDRESS	23098 Freddie Frank Rd.
CITY-ST-ZIP	WINDERMERE FL	1.4 CITY-ST-ZIP	PASS Christian, Ms. 39571
TITLE	S	2.1 TITLE	
NAME	HALL, KATHRYN	2.2 NAME	
STREET ADDRESS	23098 FREDDIE FRANK RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PASS CHRISTIAN MS	2.4 CITY-ST-ZIP	
TITLE	VDT	3.1 TITLE	
NAME	EBY, MELANIE	3.2 NAME	
STREET ADDRESS	516 S. DILLARD ST., STE. 4	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	3.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE:

JAMES EBY

4/29/99 228-452-4733