

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 PM 12: 04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 743691 (8)

1. Corporation Name

**LEISURE VILLAS EAST PROPERTY OWNERS' ASSOCIATION
, INC.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/24/1978** 3a. Date of Last Report **03/17/1994**

4. FEI Number **59-2104721** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

Principal Place of Business

Mailing Address

**8231 RANDWICK KCT
NORTH PORT FL 34287**

**8231 RANDWICK KCT
NORTH PORT FL 34287**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARANYAI, ALEX
8431 BOULTON CT.
NORTH PORT 34287**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **8441 Boulton Ct.**

84 City

North Port

FL

85 Zip Code

34287

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

Henry Bruno

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

(NOTE: Registered Agent signature required when reinstating)

March 31, 1995

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **DAVIES, WALTER**
STREET ADDRESS **2451 PICKWICK RD.**
CITY - ST - ZIP **N. PORT FL**

1.1 TITLE **V D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **DT**
NAME **COUNTS, MILDRED**
STREET ADDRESS **8331 PICKWICK RD.**
CITY - ST - ZIP **NORTH PORT FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **DV**
NAME **BRUNO, HENRY**
STREET ADDRESS **8441 BOULTON CT.**
CITY - ST - ZIP **NORTH PORT FL**

3.1 TITLE **P D** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **PD**
NAME **BARANYAI, ALEX**
STREET ADDRESS **8431 BOULTON CT**
CITY - ST - ZIP **N. PORT FL**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **Bill Gourlay**
4.3 STREET ADDRESS **8141 Savoy Ct., North Port, FL**
4.4 CITY - ST - ZIP

TITLE **DS**
NAME **BARANYAI, STELLA**
STREET ADDRESS **8431 BOULTON CT.**
CITY - ST - ZIP **NORTH PORT FL**

5.1 TITLE **D** ☐ Change ☐ Addition
5.2 NAME **Roger Anderson**
5.3 STREET ADDRESS **8081 Meade Ct.**
5.4 CITY - ST - ZIP **North Port, FL**

TITLE **D**
NAME **DELLER, FRANCES**
STREET ADDRESS **8400 PICKWICK RD.**
CITY - ST - ZIP **NORTH PORT FL**

6.1 TITLE **DS** ☐ Change ☐ Addition
6.2 NAME **Jean Strack**
6.3 STREET ADDRESS **8071 Meade Ct.**
6.4 CITY - ST - ZIP **North Port, FL**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Henry Bruno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry Bruno

April 15, 1995

DATE

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Anytime From 4

00445H