

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # 743691 (8)**  
1. Corporation Name  
**LEISURE VILLAS EAST PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business: **8231 RANDWICK KCT NORTH PORT FL 34287**  
Mailing Address: **8231 RANDWICK KCT NORTH PORT FL 34287**

3. Date Incorporated or Qualified: **07/24/1978**  
3a. Date of Last Report: **04/20/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number <b>59-2104721</b>	Applied For	<input type="checkbox"/>	Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b>	Additional Fee Required	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b>	May Be Added to Fees	
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Country		Country						

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
<b>BRUNO, HENRY</b> <b>8441 BOULTON CT.</b> <b>NORTH PORT FL 34287</b>				81	Name			
				82	Street Address (P.O. Box Number is Not Acceptable)			
				83	City			
				84	Zip Code			<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	<b>VD</b>	1.1 TITLE	<b>VIRGINIA ROYER</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIES, WALTER</b> <input checked="" type="checkbox"/> DELETE	1.2 NAME	<b>8220 Pickwick Rd</b>
STREET ADDRESS	<b>2451 PICKWICK RD.</b>	1.3 STREET ADDRESS	<b>NORTH PORT, FL. 34287</b>
CITY-ST-ZIP	<b>N. PORT FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DT</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COUNTS, MILDRED</b>	2.2 NAME	<b>KATHLEEN DUNN</b>
STREET ADDRESS	<b>8331 PICKWICK RD.</b>	2.3 STREET ADDRESS	<b>8121 Pickwick RD</b>
CITY-ST-ZIP	<b>NORTH PORT FL</b>	2.4 CITY-ST-ZIP	<b>North Port, FL. 34287</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUNO, HENRY</b>	3.2 NAME	
STREET ADDRESS	<b>8441 BOULTON CT.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH PORT FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOURLAY, BILL</b>	4.2 NAME	
STREET ADDRESS	<b>8141 SAVOY CT.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH PORT FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, ROGER</b>	5.2 NAME	
STREET ADDRESS	<b>8081 MEADE CT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH PORT FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>STRA</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CK, JEAN</b>	6.2 NAME	<b>ROSE C NUGENT</b>
STREET ADDRESS	<b>8071 MEADE CT.</b>	6.3 STREET ADDRESS	<b>8091 Pickwick RD</b>
CITY-ST-ZIP	<b>NORTH PORT FL</b>	6.4 CITY-ST-ZIP	<b>North Port, FL. 34287</b>

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 119.07(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: Roger C. Anderson 3-5-96 941-426-1830  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)