


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743691** (8)

1. Corporation Name

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

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		3. Date Incorporated or Qualified 07/24/1978		3a. Date of Last Report 03/14/1996	
21		26		4. FEI Number 59-2104721		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMDERSON, ROGER 8081 MEADE CT N PORT FL 34287				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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROYER, VIRGINIA	1.2 NAME	DAVIES, WALTER
STREET ADDRESS	8220 PICKWICK RD	1.3 STREET ADDRESS	2451 PICKWICK RD.
CITY-ST-ZIP	N. PORT FL	1.4 CITY-ST-ZIP	NORTH PORT FL. 34287
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, KATHLEEN	2.2 NAME	
STREET ADDRESS	8121 PICKWICK RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNO, HENRY	3.2 NAME	
STREET ADDRESS	8441 BOULTON CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOURLAY, BILL	4.2 NAME	
STREET ADDRESS	8141 SAVOY CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, ROGER	5.2 NAME	
STREET ADDRESS	8081 MEADE CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUGENT, ROSE C	6.2 NAME	
STREET ADDRESS	8091 PICKWICK RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	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 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* **ROGER C. ANDERSON**

941-426-1880

CP2E037 (9/96)