

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>8231 RANDWICK KCT NORTH PORT FL 34287</b>	Mailing Address <b>8231 RANDWICK KCT NORTH PORT FL 34287</b>
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3. Date Incorporated or Qualified  
**07/24/1978**

4. FEI Number <b>59-2104721</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**ANDERSON, ROGER  
8081 MEADE CT  
N PORT FL 34287**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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>VD</b>
NAME	<b>DAVIES, WALTER</b>	1.2 NAME	<b>TREISCH, DUANE</b>
STREET ADDRESS	<b>2451 PICKWICK RD</b>	1.3 STREET ADDRESS	<b>8070 PICKWICK RD.</b>
CITY-ST-ZIP	<b>NORTH PORT FL</b>	1.4 CITY-ST-ZIP	<b>NORTH PORT FL 34287</b>
TITLE	<b>T</b>	2.1 TITLE	
NAME	<b>DUNN, KATHLEEN</b>	2.2 NAME	
STREET ADDRESS	<b>8121 PICKWICK RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH PORT FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<b>D</b>
NAME	<b>BRUNO, HENRY</b>	3.2 NAME	<b>POST, ROGER</b>
STREET ADDRESS	<b>8441 BOULTON CT.</b>	3.3 STREET ADDRESS	<b>BIBI MARLOWE CT.</b>
CITY-ST-ZIP	<b>NORTH PORT FL</b>	3.4 CITY-ST-ZIP	<b>NORTH PORT, FL 34287</b>
TITLE	<b>D</b>	4.1 TITLE	
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>PD</b>	5.1 TITLE	
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>S</b>	6.1 TITLE	
NAME	<b>NUGENT, ROSE C</b>	6.2 NAME	
STREET ADDRESS	<b>8091 PICKWICK RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH PORT FL</b>	6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(l), 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, PRESIDENT 3-2-98 941-426-1890**

CR2E037 (10/97)