

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90049 021 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 743691**  
 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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip Country 30	3. Date Incorporated or Qualified 07/24/1978	4. FEI Number 59-2104721 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 TREISCH, DUANE 82 Street Address (P.O. Box Number is Not Acceptable) 8070 PICKWICK ROAD 83 84 City NORTH PORT FL 85 Zip Code 34287
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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 Duane Treisch Pres. Duane Treisch Pres. 3-2-99  
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 <input type="checkbox"/> DELETE	VD TREISCH, DUANE 8070 PICKWICK ROAD NORTH PORT FL 34287	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P/D
TITLE <input checked="" type="checkbox"/> DELETE	T DUNN, KATHLEEN 8121 PICKWICK RD NORTH PORT FL	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V/D Mary Schauble
TITLE <input type="checkbox"/> DELETE	D POST, ROGER 8181 MARLOWE CT NORTH PORT FL 34287	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	T/D
TITLE <input type="checkbox"/> DELETE	D GOURLAY, BILL 8141 SAVOY CT. NORTH PORT FL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	PD ANDERSON, ROGER 8081 MEADE CT NORTH PORT FL	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D
TITLE <input type="checkbox"/> DELETE	S NUGENT, ROSE C 8091 PICKWICK RD NORTH PORT FL	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 617, 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: Duane Treisch **SIGNATURE REQUIRED** Duane Treisch Pres. 3/2/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)