

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90035 038 \*\*\*\*61.25

**DOCUMENT # 743691**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2104721**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHAIBLE, MARY  
 8251 RANDWICK CT  
 NORTH PORT FL 34287**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~VP~~ **TREISH BUANE** ☒ Delete  
 NAME  
 STREET ADDRESS **8070 PICKWICK ROAD**  
 CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **Vice President** **SEWARDS, Bette** ☒ Change ☒ Addition  
 NAME  
 STREET ADDRESS **8171 PICKWICK RD**  
 CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **TD** **SCHAIBLE, MARY** ☐ Delete  
 NAME  
 STREET ADDRESS **8121 PICKWICK RD** **Same**  
 CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **TD** ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** **POST, ROGER** ☒ Delete  
 NAME  
 STREET ADDRESS **8181 MARLOWE CT**  
 CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **BOARD MEMBER** **OGDEN, DAVID** ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS **8121 PICKWICK RD**  
 CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE **D** **BARANYAL, ALEX** ☐ Delete  
 NAME  
 STREET ADDRESS **8431 BOULTON COURT** **Same**  
 CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **ARCHITECT** **MILLER, NORVILLE** ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS **8081 Meade Ct**  
 CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE **PD** **FRAME, RALPH** ☐ Delete  
 NAME  
 STREET ADDRESS **8441 BOULTON CT** **Same**  
 CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** **NUGENT, ROSE C** ☐ Delete  
 NAME  
 STREET ADDRESS **8091 PICKWICK RD** **Same**  
 CITY-ST-ZIP **NORTH PORT FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Mary Schauble**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/7/02**  
 Date

**941-423-7474**  
 Daytime Phone #

CR2E037 (9/01)