


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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	

FILED
 04 FEB 24 PM 2:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



02162004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2104721	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCHAIBLE, MARY
 8251 RANDWICK CT
 NORTH PORT, FL 34287

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004.**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	VPD SCHIRRA, MARY JO 8391 PICKWICK RD NORTH PORT, FL 34287
TITLE	TD SCHAIBLE, MARY <i>Correction</i> 8251 RANDWICK CT. NORTH PORT, FL 34287
TITLE	AD DE FALLOT-FLOWERS, RUTH <i>NUGENT, ROSE</i> 8371 CHELSEA CT NORTH PORT, FL 34287
TITLE	D BARANYAL, ALEX 8431 BOULTON COURT NORTH PORT, FL 34287
TITLE	PD NUGENT, ROSE <i>CVENGROS, ANGIE</i> 8091 PICKWICK RD NORTH PORT, FL 34287
TITLE	S <i>Correction</i> VENGROS, ANGIE <i>CVENGROS, ANGIE</i> 8130 PICKWICK RD NORTH PORT, FL 34287

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100029298901
 02/24/04--01030--001 **61.25

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 L Schaible Feb 21, 2004 (947) 423-7474

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #