


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90008 041 \*\*\*\*61.25

<b>DOCUMENT # 743691</b>			
1. Entity Name <b>LEISURE VILLAS EAST PROPERTY OWNERS' ASSOCIATION, INC.</b>			
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
6. Name and Address of Current Registered Agent <b>SCHAIBLE, MARY 8251 RANDWICK CT NORTH PORT FL 34287</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Mary L Schaible</i>		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VPD <input checked="" type="checkbox"/> Delete	NAME <del>SCHIRRA, MARY JO</del>	TITLE <i>Vice President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8391 PICKWICK RD	CITY-ST-ZIP NORTH PORT FL 34287	NAME RALPH FRAME	
		STREET ADDRESS 8370 PICKWICK RD.	
		CITY-ST-ZIP NORTHPORT, FL 34287	
TITLE TD <input type="checkbox"/> Delete	NAME SCHAIBLE, MARY <i>reinstating (stay the same)</i>	TITLE <i>Treasurer</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8251 RANDWICK RD	CITY-ST-ZIP NORTH PORT FL 34287	NAME NORVAL MILLER	
		STREET ADDRESS 8091 MEADE CT	
		CITY-ST-ZIP NORTHPORT, FL 34287	
TITLE AD <input checked="" type="checkbox"/> Delete	NAME <del>NUGENT, ROSE</del>	TITLE <i>ARCHITECTURAL CHAIRMAN</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8371 CHELSEA CT	CITY-ST-ZIP NORTH PORT FL 34287	NAME NORVAL MILLER	
		STREET ADDRESS 8091 MEADE CT	
		CITY-ST-ZIP NORTHPORT, FL 34287	
TITLE D <input type="checkbox"/> Delete	NAME <del>BARANYAL, ALEX</del>	TITLE <i>MAINTENANCE CHAIRMAN</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8431 BOULTON COURT	CITY-ST-ZIP NORTH PORT, FL 34287	NAME AL BARDASH	
		STREET ADDRESS 8250 PICKWICK RD.	
		CITY-ST-ZIP NORTHPORT, FL 34287	
TITLE PD <input checked="" type="checkbox"/> Delete	NAME <del>CVENGROS, ANGIE</del>	TITLE <i>PRESIDENT</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8091 PICKWICK RD	CITY-ST-ZIP NORTH PORT FL 34287	NAME DAVID OGDEN	
		STREET ADDRESS 8121 PICKWICK RD.	
		CITY-ST-ZIP NORTH PORT, FL 34287	
TITLE S <input type="checkbox"/> Delete	NAME CVENGROS, ANGIE <i>reinstating (stay the same)</i>	TITLE <i>SECRETARY</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8130 PICKWICK RD	CITY-ST-ZIP NORTH PORT FL 34287	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2104721** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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* Date: *Feb 2, 2005* (941) 423-7474