




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90003 035 ****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 8231 RANDWICK CT		3. Mailing Address 8231 RANDWICK CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NORTH PORT, FL		City & State NORTH PORT, FL	
Zip 34287	Country USA	Zip 34287	Country USA
4. FEI Number 59-2104721		Applied For <input type="checkbox"/> 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		7. Name and Address of New Registered Agent Name STEPHEN S. MORRIS Street Address (P.O. Box Number is Not Acceptable) 8431 BOULTON CT City NORTH PORT FL Zip Code 34287	
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 		STEPHEN S. MORRIS, TREASURER	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRAME, RALPH 8370 PICKWICK RD NORTH PORT, FL 34287 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRAME, RALPH 8370 PICKWICK RD NORTH PORT, FL 34287 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHAIBLE, MARY 8251 RANDWICK RD NORTH PORT, FL 34287 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRIS, STEPHEN 8431 BOULTON CT NORTH PORT, FL 34287 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC MILLER, NORVAL 8081 MEADE CT NORTH PORT, FL 34287 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOLFGANG, GENE 8441 BOULTON CT NORTH PORT, FL 34287 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MC BARADESH, AL 8250 PICKWICK ROAD NORTH PORT, FL 34287 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OGDEN, DAVID 8121 PICKWICK RD NORTH PORT, FL 34287 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OGDEN, DAVID 8121 PICKWICK RD NORTH PORT, FL 34287 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARDASH, AL 8250 PICKWICK RD NORTH PORT, FL 34287 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CVENGROS, ANGIE 8130 PICKWICK RD NORTH PORT, FL 34287 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, NORVAL 8081 MEADE CT NORTH PORT, FL 34287 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		STEPHEN S. MORRIS	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/1/06 Daytime Phone # 941-426-3085	