## 2003 NOT-FOR-PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 743691** 1. Entity Name



## **FILED** Feb 14, 2003 8:00 am **Secretary of State**

02-14-2003 90234 014 \*\*\*\*61.25

LEISURE V , INC.	'ILLAS EAST PROPERTY OV	VNERS' ASSOCIATION	Too we				
8231 RANDWICK KCT 8231		Mailing Address 8231 RANDWICK KCT NORTH PORT FL 34287					
			<u></u>				
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address		1311%   BILLE (BIB) FIBE EIBEF BIB!		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		2104721	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Stat	us Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curren	Registered Agent		7. Name and Addre	ss of New Registered	Agent	
			Name				
SCHAIBLE 8251 RAN	E, MARY IDWICK CT		Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
	ORT FL 34287			- <del>-</del>			
			City		FL	Zip Code	
the obligati	named entity submits this statement in ions of registered agent.  Signature, typed or printed name of registered agent.		E: Registered Agent signature re		DATE		
	Signature, typed or printed harne of registered agei	transition application (1991)		1			
i	FILE NOW: FEE IS \$61.25	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution.   Added to Fees Florida			k Payable to rtment of State	
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND D	IRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID SEWARDS, BETTE- 8171 PIEKWICK RD NORTH PORT, FL 34287	Delete	TITLE V. Pres.  NAME  STREET ADDRESS  CITY-ST-ZIP	MARY JOSC 8391 PICKWIC ORTHPORT, F1.34	HIRRH K Rd. (Vic 1287 (Vic	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHAIBLE, MARY 8121 PICKWICK RD NORTH PORT FL 34287	SAME Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE  NAME STREET ADDRESS CITY-ST-ZIP	OGDEN, DAVID  8121 PICK WICK RD  NORTH/PORT FL 34287	Delete	NAMÉ R	TUMEDIRECTOR ATH de FALLOT- 371. CHELSE VOUTHOURS E		Change Addition  HITECTURAL  DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BADANYAL ALEY	AME Delete	CITY-ST-ZIP	e) MARY BOO 8190 PICKWICK NONTH PORT.	3LE 81 21.34187 (at	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRAME, RALPH 8441 BOULTON CT NORTH PORT FL 34287	<b>⊠</b> Delete	CITY-ST-ZIP	ROSECNUGE 8091 PICKOR NORTHPORT, F	1.34281	PResident Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NUCKNT, POSE C 8091 PROWICK RD NORDH PORT FL	₩ Delete	TITLE SECRETARY NAME STREET ADDRESS CITY-ST-ZIP	ANGIE CVEI 8130 PICKWIC NORTHPORTI	VGROS K Rd =1,34287 (.	Change Chaddition	

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.