


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90369 035 ****61.25

DOCUMENT # N98000006929

1. Entity Name
 LEA MARIE ISLAND PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
 2821 EL JOBEAN ROAD
 PORT CHARLOTTE, FL 33948

Mailing Address
 2821 EL JOBEAN ROAD
 PORT CHARLOTTE, FL 33948

14004J10



2. Principal Place of Business
 23081 Harborview Rd
 Suite, Apt. #, etc.

3. Mailing Address
 PO Box 380758
 Suite, Apt. #, etc.

City & State
 Port Charlotte, FL

City & State
 Murdock, FL

Zip
 33980

Country
 US

Zip
 33938

Country
 US

03032004 Chg-NP CR2E037 (10/03)

4. FEI Number
 65-1042800

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 GUNDERSON, MIKO P
 1861 PLACIDA ROAD
 SUITE 204
 ENGLEWOOD, FL 34223

7. Name and Address of New Registered Agent
 Name: Wishard, Kristine
 Street Address (P.O. Box Number is Not Acceptable):
 23081 Harborview Road
 City: Fort Charlotte FL Zip Code: 33980

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: Kristine Wishard DATE: 3/3/04

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, 2004

9. Election Campaign Financing Trust Fund Contribution. \$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 D	LOMBARDO, STEVEN 2821 EL JOBEAN ROAD PORT CHARLOTTE, FL 33948	TITLE P	Bender, Joseph PO Box 380758 Murdock, FL 33938
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D	LOMBARDO, JONI B 2821 EL JOBEAN ROAD PORT CHARLOTTE, FL 33948	TITLE VP	Lombardo, Steven PO Box 380758 Murdock, FL 33938
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	PASAK, JOSEPH F 2821 EL JOBEAN ROAD PORT CHARLOTTE, FL 33948	TITLE S/T	Sanchez, Claudia PO Box 380758 Murdock, FL 33938
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		TITLE D	Volweiler, Larry PO Box 380758 Murdock, FL 33938
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		TITLE	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: [Signature] DATE: 4/2/04 DAYTIME PHONE #: 941-629-8190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR