

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006929

FILED
Apr 24, 2008
Secretary of State

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

Current Principal Place of Business:

23081 HARBORVIEW RD
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

1532 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33983

Current Mailing Address:

P.O. BOX 380758
MURDOCK, FL 33938

New Mailing Address:

FEI Number: 65-1042800 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISHARD, KRISTINE
23081 HARBORVIEW ROAD
PORT CHARLOTTE, FL 33980 US

Name and Address of New Registered Agent:

WISHARD, KRISTINE
1532 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33983 US

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.

SIGNATURE: _____

04/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOMBARDO, STEVEN
Address: P.O. BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: VP () Delete
Name: BENDER, JOSEPH
Address: P.O. 380758
City-St-Zip: MURDOCK, FL 33938

Title: ST () Delete
Name: SANCHEZ, CLAUDIA
Address: P.O. BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: P () Delete
Name: VOLWEILER, LARRY
Address: P.O. BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: D () Delete
Name: SHELL, STEVE
Address: P.O. BOX 380758
City-St-Zip: MURDOCK, FL 33938

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: SANCHEZ, CLAUDIA
Address: P.O. BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: PD (X) Change () Addition
Name: VOLWEILER, LARRY
Address: P.O. BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY VOLVILER

PD

04/24/2008

Electronic Signature of Signing Officer or Director

Date