

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743691

**FILED**  
**Feb 22, 2023**  
**Secretary of State**  
**6044489639CC**

**Entity Name:** LEISURE VILLAS EAST PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

8231 RANDWICK CT  
NORTH PORT, FL 34287

**Current Mailing Address:**

8231 RANDWICK CT  
NORTH PORT, FL 34287 US

**FEI Number: 59-2104721**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MORRIS, STEPHEN S  
8431 BOULTON CT  
NORTH PORT, FL 34287 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR, PRESIDENT  
Name           MORRIS, STEPHEN  
Address       8431 BOULTON CT  
City-State-Zip: NORTH PORT FL 34287

Title           DIRECTOR, SECRETARY  
Name           CVENGROS, ANGIE  
Address       8130 PICKWICK RD  
City-State-Zip: NORTH PORT FL 34287

Title           DIRECTOR, VP  
Name           HORINE, JOHN  
Address       8460 PICKWICK ROAD  
City-State-Zip: NORTH PORT FL 34287

Title           DIRECTOR, TREASURER  
Name           ABEL, ETHEL  
Address       8331 PICKWICK ROAD  
City-State-Zip: NORTH PORT FL 34287

Title           DIRECTOR  
Name           MORRIS, DONNA  
Address       8431 BOULTON COURT  
City-State-Zip: NORTH PORT FL 34287

Title           DIRECTOR  
Name           CORNELL, PAUL  
Address       8241 PICKWICK ROAD  
City-State-Zip: NORTH PORT FL 34287

Title           DIRECTOR  
Name           MACWHORTER, KATHRYN  
Address       7936 SONTAG AVENUE  
City-State-Zip: NORTH PORT FL 34291

*I hereby 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 all other like empowered.*

**SIGNATURE: STEPHEN S MORRIS**

**PRESIDENT**

**02/22/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date