

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743691

FILED
Feb 22, 2018
Secretary of State
CC1346018424

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

Title PRESIDENT, DIRECTOR
Name KNAPP, DICK
Address 8271 PICKWICK RD
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name DOERR, KENNETH
Address 8070 PICKWICK RD
City-State-Zip: NORTH PORT FL 34287

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

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

Title DIRECTOR, VP
Name PETERSMARK, PATRICIA
Address 8370 PICKWICK RD
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name LANZA, KATHRYN
Address 2061 BRUBECK RD
City-State-Zip: NORTH PORT FL 34287

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

TREASURER

02/22/2018

Electronic Signature of Signing Officer/Director Detail

Date