

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743691

Entity Name: LEISURE VILLAS EAST PROPERTY OWNERS' ASSOCIATION, INC.**FILED**
Feb 13, 2014
Secretary of State
CC1914560403**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	PD
Name	FRAME, RALPH
Address	8370 PICKWICK RD
City-State-Zip:	NORTH PORT FL 34287

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

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

Title	D
Name	RICE, ARTHUR
Address	8451 PICKWICK RD
City-State-Zip:	NORTH PORT FL 34287

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

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

Title	D
Name	MARVIN, ROY
Address	8430 PICKWICK 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****02/13/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date