

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743691

**FILED**  
**Feb 15, 2013**  
**Secretary of State**  
**CC1783529274**

**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 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 BARDASH, AL  
Address 8250 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

*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**

**02/15/2013**

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

\_\_\_\_\_  
Date