

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90030 010 ****61.25

DOCUMENT # 727173

1. Entity Name

LEISURE VILLAS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 7334
NORTH PORT FL 34287
US

Mailing Address

LEISURE VILLAS ASSOC INC. WEST
P.O. BOX 7334
NORTH PORT FL 34287-0334
US



2. Principal Place of Business - No P.O. Box #

8901 BERKLEY CT.

3. Mailing Address

8901 BERKLEY CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

NORTH PORT, FLORIDA

City & State

NORTH PORT, FLORIDA

4. FEI Number

59-1550188

Applied For

Not Applicable

Zip

34287-2123

Country

U.S.

Zip

34287-2123

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARLON, NADA
8551 PICKWICK RD
NORTH PORT FL 34287

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: New signed Agent signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME BROWN, WILLIAM T
STREET ADDRESS 8790 PICKWICK RD
CITY-ST-ZIP NORTH PORT FL 34287

TITLE ☐ Delete
NAME SARAN, SAM
STREET ADDRESS 8850 PICKWICK RD
CITY-ST-ZIP NORTH PORT FL 34287

TITLE ☐ Delete
NAME WEDDING, ELLEN
STREET ADDRESS 8901 BURKLEY CT
CITY-ST-ZIP NORTH PORT FL 34287

TITLE ☐ Delete
NAME FERBER, JOE
STREET ADDRESS 8541 REGENCY CT
CITY-ST-ZIP NORTH PORT FL 34287

TITLE ☒ Delete
NAME TOMSKI, DENNIS
STREET ADDRESS 8531 REGENCY CT
CITY-ST-ZIP NORTH PORT FL 34287

TITLE ☒ Delete
NAME LENZ, EVA
STREET ADDRESS 8781 DOVER CT
CITY-ST-ZIP NORTH PORT FL 34287

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME SARAN, SAM
STREET ADDRESS 8850 PICKWICK RD.
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME SAJKOVICS, JOE
STREET ADDRESS 8731 PICKWICK RD
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE ☐ Change ☒ Addition
NAME CROOK, HOWARD A.
STREET ADDRESS 8610 PICKWICK RD.
CITY-ST-ZIP NORTH PORT, FL 34287

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ellen Wedding ELLEN WEDDING, SEC/TREASURER, 2/10/08, 941-423-1489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #