2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2010
Secretary of State

DOCUMENT# 727173

Entity Name: LEISURE VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

8901 BERKLEY CT
NORTH PORT, FL 342872123 US

New Principal Place of Business:

Current Mailing Address:

8901 BERKLEY CT
NORTH PORT, FL 342872123 US

New Mailing Address:

FEI Number: 59-1550188 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARLON, NADA P
8551 PICKWICK RD
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T
Name: BROWN, WILLIAM T T
Address: 8790 PICKWICK RD
City-St-Zip: NORTH PORT, FL 34287

Title: D
Name: EASTBURN, SUSAN D
Address: 8640 PICKWICK RD
City-St-Zip: NORTH PORT, FL 34287

Title: S
Name: DEROSIA, BETTY S
Address: 8730 PICKWICK RD.
City-St-Zip: NORTH PORT, FL 34287

Title: D
Name: FERBER, JOE D
Address: 8541 REGENCY CT
City-St-Zip: NORTH PORT, FL 34287

Title: VP
Name: MILLER, MARLENE VP
Address: 8580 PICK WICK RD
City-St-Zip: NORTH PORT, FL 34287

Title: D
Name: CROOK, HOWARD A D
Address: 8610 PICK WICK RD
City-St-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: WILLIAM T BROWN T 02/20/2010
Electronic Signature of Signing Officer or Director Date