2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#727173

FILED Jan 23, 2012 Secretary of State

Entity Name: LEISURE VILLAS ASSOCIATION WEST, INC.

Current Principal Place of Business: New Principal Place of Business:

8901 BERKLEY CT 8580 PICKWICK RD.

NORTH PORT, FL 342872123 US NORTH PORT, FL 342872123 US

Current Mailing Address: New Mailing Address:

8901 BERKLEY CT 8901 BERKLEY CT.

NORTH PORT, FL 342872123 US NORTH PORT, FL 342872123 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROWN, WILLIAM T 8790 PICKWICK RD

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

OFFICERS AND DIRECTORS:

Title:

 Name:
 BROWN, WILLIAM T

 Address:
 8790 PICKWICK RD

 City-St-Zip:
 NORTH PORT, FL 34287

Title: D

 Name:
 ECK, ELISA

 Address:
 8670 PICKWICK RD

 City-St-Zip:
 NORTH PORT, FL 34287

Title: S

Name: CROOK, HOWARD A
Address: 8610 PICKWICK RD.
City-St-Zip: NORTH PORT, FL 34287

Title: VP

Name: BIER, MARTHA
Address: 8910 PICKWICK RD.
City-St-Zip: NORTH PORT, FL 34287

Title: F

 Name:
 MILLER, MARLENE

 Address:
 8580 PICK WICK RD

 City-St-Zip:
 NORTH PORT, FL 34287

Title: [

Name: CUMMINGS, FRANCIS Address: 8871 BERKLEY CT. 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 01/23/2012