


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90008 041 ****61.25

DOCUMENT # 743691			
1. Entity Name LEISURE VILLAS EAST PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business 8231 RANDWICK KCT NORTH PORT FL 34287		Mailing Address 8231 RANDWICK KCT NORTH PORT FL 34287	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2104721		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHAIBLE, MARY 8251 RANDWICK CT 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	
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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 *Mary L Schaible*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD SCHIRRA, MARY JO 8391 PICKWICK RD NORTH PORT FL 34287	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice President RALPH FRAME 8370 PICKWICK RD. NORTHPORT, FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD SCHAIBLE, MARY 8251 RANDWICK RD NORTH PORT FL 34287	<input type="checkbox"/> Delete <i>reinstating (stay the same)</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP AD NUGENT, ROSE 8371 CHELSEA CT NORTH PORT FL 34287	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ARCHITECTURAL CHAIRMAN NORVAL MILLER 8081 MEADE CT NORTHPORT, FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D BARANYAL, ALEX 8431 BOULTON COURT NORTH PORT, FL 34287	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MAINTENANCE CHAIRMAN AL BARDASH 8250 PICKWICK RD. NORTHPORT, FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD CVENGROS, ANGIE 8091 PICKWICK RD NORTH PORT FL 34287	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT DAVID OGDEN 8121 PICKWICK RD. NORTH PORT, FL 34287	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP S CVENGROS, ANGIE 8130 PICKWICK RD NORTH PORT FL 34287	<input type="checkbox"/> Delete <i>reinstating (stay the same)</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mary L Schaible*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 2, 2005 (941) 423-7474
Date Daytime Phone #