

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90007 013 \*\*\*\*61.25

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<b>DOCUMENT # 712350</b> 1. Entity Name <b>SOUTH LEISURE BY THE SEA ASSOCIATION, INC.</b>					
Principal Place of Business <b>224 HIBISCUS AVE LAUDERDALE BY THE SEA, FL 33308</b>			Mailing Address <b>234 - 224 HIBISCUS AVENUE LAUDERDALE BY THE SEA, FL 33308</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01182008    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-1147906</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BECKER &amp; POLIAKOFF P.A. 3111 STIRLING RD. FT. LAUDERDALE, FL 33308</b>				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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD FOLKMAN, JANET 224 HIBISCUS AVE APT 160 LAND BY SEA, FL 33308</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SCIOLETTI, MARIE 224 HIBISCUS AVE. #251 LAUDERDALE BY THE SEA, FL 33308</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD TRAINOR, RAY 224 HIBISCUS AVE APT 253 LAUDERDALE BY THE SEA, FL 33308</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MORESI, ROSALLIE 2537 CARISLE ST PHILADELPHIA, PA 19145</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS SCIOLETTI, ROCCO 224 HIBISCUS AVE #251 FORT LAUDERDALE, FL 33308</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE: <i>Raymond Trainor</i> President</b> <i>Jan 29, 2008</i> <i>954-722-3623</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					