

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **712829** (1)
1. Corporation Name
EAST LEISURE ASSOCIATION, INC.



Principal Place of Business: **4117 BOUGAINVILLA DR. LAUDERDALE BY THE SEA FL 33308**
Mailing Address: **P.O. BOX 7503 FT. LAUDERDALE FL 33338 US**

3. Date Incorporated or Qualified: **05/26/1967**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1229920	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28		
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CABOT MANAGEMENT & MARKETING, INC.
2701 E. SUNRISE BLVD., SUITE 301
FT. LAUDERDALE FL 33304

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARROW, ROBERT	1.2 NAME	
STREET ADDRESS	4117 BOUGAINVILLA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE BY THE SE	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARD, ROBERT	2.2 NAME	
STREET ADDRESS	4117 BOUGAINVILLA DR., #407	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRAEDER, EUGENE	3.2 NAME	BRENNAN, ROBERT
STREET ADDRESS	4117 BOUGAINVILLA DR., #405	3.3 STREET ADDRESS	4117 BOUGAINVILLA DR., #107
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	3.4 CITY-ST-ZIP	LAUDERDALE BY THE SEA FL
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUZZI, PASQUALE	4.2 NAME	
STREET ADDRESS	4117 BOUGAINVILLA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE BY THE SE	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORASANITI, JOHN	5.2 NAME	
STREET ADDRESS	4117 BOUGAINVILLA DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE BY THE SE	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, MURIEL	6.2 NAME	
STREET ADDRESS	4117 BOUGAINVILLA DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE BY THE SEA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John A. Corasaniti* **04/23/96** **954-561-8565**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)