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May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712829 (1)
 1. Corporation Name
EAST LEISURE ASSOCIATION, INC.



Principal Place of Business 4117 BOUGAINVILLE DR. LAUDERDALE BY THE SEA FL 33308	Mailing Address P.O. BOX 7503 FT. LAUDERDALE FL 33338 US
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3. Date Incorporated or Qualified 05/26/1967	
4. FEI Number 59-1229920	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	D <input type="checkbox"/> DELETE
NAME	SPARROW, ROBERT
STREET ADDRESS	4117 BOUGAINVILLE DRIVE
CITY-ST-ZIP	LAUDERDALE BY THE SE
TITLE	TD <input type="checkbox"/> DELETE
NAME	BARD, ROBERT
STREET ADDRESS	4117 BOUGAINVILLE DR., #407
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	BRENNAN, ROBERT
STREET ADDRESS	4117 BOUGAINVILLE DRIVE #107
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	NUZZI, PASQUALE
STREET ADDRESS	4117 BOUGAINVILLE DRIVE
CITY-ST-ZIP	LAUDERDALE BY THE SE
TITLE	PD <input type="checkbox"/> DELETE
NAME	CORASANITI, JOHN
STREET ADDRESS	4117 BOUGAINVILLE DRIVE
CITY-ST-ZIP	LAUDERDALE BY THE SE
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	WILSON, MURIEL
STREET ADDRESS	4117 BOUGAINVILLE DR.
CITY-ST-ZIP	LAUDERDALE BY THE SEA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ASD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: Pasquale P. Nuzzi **4-17-98** **954-561-8565**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0038130**

CR2E037 (10/97)