

FILE NOW: FILING FEE IS \$61.25

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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90012 047 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 712829

1. Corporation Name
EAST LEISURE ASSOCIATION, INC.

498385-90012-47



Principal Place of Business
 4117 BOUGAINVILLE DR.
 LAUDERDALE BY THE SEA FL 33308

Mailing Address
 P.O. BOX 7503
 FT. LAUDERDALE FL 33338
 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/26/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1229920	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
25		30		\$5.00 May Be Added to Fees	

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	2727 E. Oakland Park Blvd, #306
84	City
85	Zip Code
	FL 33306

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ASD <input type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARROW, ROBERT	1.2 NAME	
STREET ADDRESS	4117 BOUGAINVILLE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE BY THE SE	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARD, ROBERT	2.2 NAME	Elissa Jungeman
STREET ADDRESS	4117 BOUGAINVILLE DR., #407	2.3 STREET ADDRESS	4117 Bougainville Dr., #306
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	2.4 CITY-ST-ZIP	Lauderdale By The Sea, FL 33308
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	BRENNAN, ROBERT	3.2 NAME	
STREET ADDRESS	4117 BOUGAINVILLE DRIVE #107	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	3.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUZZI, PASQUALE	4.2 NAME	Gary Nicholls
STREET ADDRESS	4117 BOUGAINVILLE DRIVE	4.3 STREET ADDRESS	4117 Bougainville Dr., #512
CITY-ST-ZIP	LAUDERDALE BY THE SE	4.4 CITY-ST-ZIP	Lauderdale By The Sea, FL 33308
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	ASD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORASANITI, JOHN	5.2 NAME	Thomas Connors
STREET ADDRESS	4117 BOUGAINVILLE DRIVE	5.3 STREET ADDRESS	4117 Bougainville Dr., #214
CITY-ST-ZIP	LAUDERDALE BY THE SE	5.4 CITY-ST-ZIP	Lauderdale By The Sea, FL 33308
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Robert Brennan* SIGNATURE REQUIRED: _____ DATE: 4-23-99 DAYTIME PHONE #: 954-561-8565

CR2E037 (11/98)