

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90114 037 ****61.25

DOCUMENT # 712829 1. Entity Name EAST LEISURE ASSOCIATION, INC.	
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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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03152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1229920	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CABOT MANAGEMENT & MARKETING, INC. 2727 E OAKLAND PARK BLVD 301 FT. LAUDERDALE, FL 33306
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FERGUSON, EUGENE 4117 BOUGAINVILLE DR., #314 LAUDERDALE BY-THE-SEA, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLTZ, THOMAS 4117 BOUGAINVILLE DR., #306 LAUDERDALE BY-THE-SEA, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HULSE, JOE 4117 BOUGAINVILLE DR., #410 LAUDERDALE BY-THE-SEA, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLLS, GARY 4117 BOUGAINVILLE DR 512 LAUDERDALE BY THE SEA, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD FINEGAN, ROBERT 4117 BOUGAINVILLE DR #303 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Gary W. Nicholls **Gary W. Nicholls** 4-29-05 954-561-8565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #