

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90301 001 \*\*\*980.00

**DOCUMENT # 712863**

1. Entity Name  
**LEISUREVILLE COMMUNITY ASSOCIATION, INC.**

Principal Place of Business      Mailing Address

2921 W. GOLF BLVD.      2921 W. GOLF BLVD.  
 POMPANO BEACH FL 33064      POMPANO BEACH FL 33064

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**59-1269487**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**POLIAKOFF, GARY A J.D.  
 BECKER & POLIAKOFF, P.A.  
 3111 STIRLING ROAD  
 FT. LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

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.

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

**FILE NOW:  
 FEE IS \$61.25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	QUINN, GLORIA A	
STREET ADDRESS	401 SOUTH GOLF BLVD	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LUCIANO, GEORGE F.	
STREET ADDRESS	3131 EAST GOLF BLVD	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MURLAND, J. BURT	
STREET ADDRESS	321 LEISURE BLVD	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	WARGO, ETHEL J	
STREET ADDRESS	2671 NW 4TH AVE.	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROBBINS, HUGH R.	
STREET ADDRESS	391 LEISURE BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULUS, ETHEL J	
STREET ADDRESS	2671 N.W. 4TH AV	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALENA, JOSEPH V	
STREET ADDRESS	151 N.W. 28TH ST	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JEAN L	
STREET ADDRESS	100 LEISURE BLVD	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, WILLIAM A	
STREET ADDRESS	310 N.W. 28TH CT	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 info empowered.

SIGNATURE: *Joseph V. Dalena*      4/26/01      954-786-1938  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

41796



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)