

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90353 001 ***980.00

DOCUMENT # 712863

1. Entity Name

LEISUREVILLE COMMUNITY ASSN., INC.



DO NOT WRITE IN THIS SPACE

66416170

2. Principal Place of Business

2921 W. Golf Blvd.

Suite, Apt. #, etc.

3. Mailing Address

2921 W. Golf Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach, Fl.

Zip

Country

33064

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Pompano Beach, Fl.

Zip

Country

33064

4. FEI Number 59-1269487

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Poliakoff, Gary A

Street Address (P.O. Box Number is Not Acceptable) Becker & Poliakoff, P.A.

3111 Stirling Road

City

Ft. Lauderdale

FL

Zip Code

33312

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOUANIS, GUILD S 140 NW 29TH ST POMPANO BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOBBITT, JEANNE 2525 W. GOLF BLVD., #220 POMPANO BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD HORVATH, MARIANNE 2630 E. GOLF BLVD POMPANO BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADELMAN, SANDRA L 3050 NW 1ST DRIVE POMPANO BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARTANZA, ALFRED J 2910 NW 2ND AVE POMPANO BCH FL
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Guild S Louanis
Guild S. Louanis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

954-781-7229

Daytime Phone #