

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-14-2006 90166 001 ***980.00
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FLORIDA SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 712863

1. Entity Name
LEISUREVILLE COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**2921 W. GOLF BLVD.
POMPANO BEACH, FL 33064**

Mailing Address
**2921 W. GOLF BLVD.
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

03082006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1269487

Applied For
 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. 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 re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

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	PD	<input checked="" type="checkbox"/> Delete
NAME	ADELMAN, SANDRA L	
STREET ADDRESS	3050 NW 1ST DR	
CITY-ST-ZIP	POMPANO BCH, FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LADDEN, STEPHEN J	
STREET ADDRESS	2955 NW 2ND AVE	
CITY-ST-ZIP	POMPANO BCH, FL	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	ERICKSON, LILLY-ANN H	
STREET ADDRESS	2650 E GOLF BLVD	
CITY-ST-ZIP	POMPANO BEACH, FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BOBBIT, JEANNE	
STREET ADDRESS	3211 E GOLF BLVD	
CITY-ST-ZIP	POMPANO BCH, FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, WILLIAM A	
STREET ADDRESS	310 NW 28TH CT	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Heuser, James	
STREET ADDRESS	2431 N. Cypress Road	
CITY-ST-ZIP	Pompano Bch, FL 33064	
TITLE	VO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Avery, Edwin	
STREET ADDRESS	2701 E. Golf Blvd. #1013	
CITY-ST-ZIP	Pompano Bch, FL 33064	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Louanis, Guild	
STREET ADDRESS	140 NW 29th Street	
CITY-ST-ZIP	Pompano Bch, FL 33064	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weise, Margaret	
STREET ADDRESS	170 NW 24th Court	
CITY-ST-ZIP	Pompano Bch, FL 33064	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adelman, Sandra	
STREET ADDRESS	3050 NW 1st Drive	
CITY-ST-ZIP	Pompano Bch, FL 33064	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anderson, Charles	
STREET ADDRESS	2501 W. Golf Blvd. #131	
CITY-ST-ZIP	Pompano Bch, FL 33064	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *James A. Heuser* **JAMES A. HEUSER** 3-28-06 954-946-0350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #