

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90756 001 ***980.00

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

4. FEI Number **59-1269487**

Applied For
 Not Applicable

Zip Country Zip Country

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



CHECK HERE IF MAKING CHANGES

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 reinstating) DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOUANIS, GUILD S	
STREET ADDRESS	140 BW 29TH ST	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, WILLIAM A	
STREET ADDRESS	310 NW 28TH CT	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	CARTANZA, ALFRED J	
STREET ADDRESS	2910 NW 2ND AVE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JEAN L	
STREET ADDRESS	100 LEISURE BLVD	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SOVA, ALEXANDER	
STREET ADDRESS	230 LEISURE BLVD	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTANZA, ALFRED J.	
STREET ADDRESS	2910 N.W. 2ND AV	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORVATH, MARIANNE A.	
STREET ADDRESS	2630 E. GOLF BLVD	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADELMAN, SANDRA L.	
STREET ADDRESS	3050 NW 1ST DRIVE	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEUSER, JAMES A.	
STREET ADDRESS	2431 N. CYPRESS RD	
CITY-ST-ZIP	POMPANO BCH 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)(j), 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: *Guild S Louanis* 4/29/03 954-781-7229

CR2E037 (10/02)