

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713534 (6)

1. Corporation Name
NORTH LEISURE GARDENS ASSOCIATIONS, INC.



Principal Place of Business: 1461 SO. OCEAN BOULEVARD, POMPANO BEACH FL 33062
Mailing Address: 1461 SO. OCEAN BOULEVARD, POMPANO BEACH FL 33062

3. Date Incorporated or Qualified: 10/26/1967
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 Same as above
2a. Mailing Address: 26 Same as above
22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.
23 City & State
28 City & State
24 Zip Country
25 Country
29 Zip Country
30 Country

4. FEI Number: 59-1258419
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
MORNELLI, HARRY
1461 S OCEAN BLVD. #204
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent
81 Name: Bruce J. Kinnee
82 Street Address: 1461 S. OCEAN Blvd #112
83
84 City: Pompano Beach, FL
85 Zip Code: 33062

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Bruce J. Kinnee Board member
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
Date: 4/13/96

12. OFFICERS AND DIRECTORS	
TITLE: VP	<input type="checkbox"/> DELETE
NAME: STEWART, TOM	
STREET ADDRESS: 1461 S. OCEAN BLVD. #219	
CITY-ST-ZIP: POMPANO BCH FL	
TITLE: DT	<input type="checkbox"/> DELETE
NAME: HOLLOWES, DENNIS	
STREET ADDRESS: 1461 S OCEAN BLVD. #209	
CITY-ST-ZIP: POMPANO BCH FL	
TITLE: DT	<input type="checkbox"/> DELETE
NAME: DOMINIC, IQUARONE	
STREET ADDRESS: 1461 S OCEAN BLVD. #114	
CITY-ST-ZIP: POMPANO BCH FL	
TITLE: V/P	<input type="checkbox"/> DELETE
NAME: ADELMAN, DORIS	
STREET ADDRESS: 1461 S OCEAN BLVD 314	
CITY-ST-ZIP: POMPANO BEACH FL	
TITLE: DT	<input type="checkbox"/> DELETE
NAME: KINNEE, BRUCE J.	
STREET ADDRESS: 1461 S. OCEAN BLVD. APT. 112	
CITY-ST-ZIP: POMPANO BEACH FL	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: A I Bell - President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:	
1.3 STREET ADDRESS: 1461 S. OCEAN Blvd.	
1.4 CITY-ST-ZIP: Pompano Beach, FL 33062	
2.1 TITLE: Yolanda Romeo TRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS: 1461 S. OCEAN Blvd. #129	
2.4 CITY-ST-ZIP: Pompano Beach, FL	
3.1 TITLE: Rudolf Schalds DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS: 1461 S. OCEAN Blvd #317	
3.4 CITY-ST-ZIP: Pompano, Beach	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bruce Kinnee Director 4-3-96 305-786-0130
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)