


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 30 1998 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 | | |
| 4. FEI Number 59-1258419 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

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

9. Name and Address of Current Registered Agent

**GUNN, PHYLLIS E
1461 S OCEAN BLVD
STE #325
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent

| | |
|--|--------------|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. | |
| 84. City | 85. Zip Code |

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: *Phyllis E. Gunn* **PHYLLIS E. GUNN** **4/24/98**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | P <input checked="" type="checkbox"/> DELETE |
| NAME | AL BELL |
| STREET ADDRESS | 1461 S OCEAN BLVD |
| CITY-ST-ZIP | POMPANO BEACH FL |
| TITLE | T <input checked="" type="checkbox"/> DELETE |
| NAME | YOLANDA ROMEO |
| STREET ADDRESS | 1461 S OCEAN BLVD, #129 |
| CITY-ST-ZIP | POMPANO BEACH FL |
| TITLE | S <input checked="" type="checkbox"/> DELETE |
| NAME | SMITH, ANNE |
| STREET ADDRESS | 1461 S OCEAN BLVD #328 |
| CITY-ST-ZIP | POMPANO BCH FL |
| TITLE | V <input checked="" 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 | D <input type="checkbox"/> DELETE |
| NAME | GUNN, PHYLLIS E |
| STREET ADDRESS | 1461 S OCEAN BLVD #325 |
| CITY-ST-ZIP | POMPANO BCH FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | AMANDO PARADISO |
| 1.3 STREET ADDRESS | 1461 S. OCEAN BLVD #230 |
| 1.4 CITY-ST-ZIP | POMPANO BEACH, FL 33062 |
| 2.1 TITLE | T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | VERN RICHARDSON |
| 2.3 STREET ADDRESS | 1461 S. OCEAN BLVD. #205 |
| 2.4 CITY-ST-ZIP | POMPANO BEACH, FL 33062 |
| 3.1 TITLE | S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | ARTHUR F. BROWNING |
| 3.3 STREET ADDRESS | 1461 S. OCEAN BLVD. #308 |
| 3.4 CITY-ST-ZIP | POMPANO BEACH, FL 33062 |
| 4.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | BRIAN COVELL |
| 4.3 STREET ADDRESS | 1461 S. OCEAN BLVD #110 |
| 4.4 CITY-ST-ZIP | POMPANO BEACH, FL 33062 |
| 5.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | BRUCE KINNEE |
| 5.3 STREET ADDRESS | 1461 S. OCEAN BLVD #112 |
| 5.4 CITY-ST-ZIP | POMPANO BEACH, FL 33062 |
| 6.1 TITLE | P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | PHYLLIS E. GUNN |
| 6.3 STREET ADDRESS | 1461 S. OCEAN BLVD #325 |
| 6.4 CITY-ST-ZIP | POMPANO BEACH, FL 33062 |

14. 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 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: *Phyllis E. Gunn* **PHYLLIS E. GUNN - PRESIDENT** **4/24/98**

CR2E037 (10/97)

North Leisure Gardens Association, Inc.

1481 South Ocean Boulevard
Pompano Beach, Florida 33062

Telephone (954) 942-8386

Officers

Phyllis Gunn, President
Amando Paradiso, Vice-President
Vern Richardson, Treasurer
Arthur Browning, Secretary

Board Members

Brian Covell
Dennis Hollows
Bruce Kinnee

ADDITIONAL DIRECTOR:

DOCUMENT # 713534

D

DENNIS HOLLOWS
1461 S.OCEAN Blvd #209
POMPANO BEACH, FL 33062