

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90005 018 \*\*\*\*61.25

**DOCUMENT # 713534**  
 1. Entity Name  
**NORTH LEISURE GARDENS ASSOCIATIONS, INC.**

Principal Place of Business      Mailing Address  
**1461 SO. OCEAN BOULEVARD**      **1461 SO. OCEAN BOULEVARD**  
**POMPANO BEACH FL 33062**      **POMPANO BEACH FL 33062-7380**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**59-1258419**      Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>GUNN, PHYLLIS E</b> <b>1461 S OCEAN BLVD</b> <b>STE #325</b> <b>POMPANO BEACH FL 33062</b>	Name <b>RICHARDSON, VERN</b>
	Street Address (P.O. Box Number is Not Acceptable) <b>1461 S OCEAN BLVD</b>
	<b>STE #205</b>
	City <b>POMPANO BEACH</b> <b>FL</b> Zip Code <b>33062</b>

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.

SIGNATURE      VERN RICHARDSON      **X**      4/30/00  
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 Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>PARADISO, AMANDO</b> <b>1461 S OCEAN BLVD #230</b> <b>POMPANO BEACH FL 33062</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>KINNEE, DIXIE</b> <b>1461 S. OCEAN BLVD #112</b> <b>POMPANO BEACH, FL. 33062</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>RICHARDSON, VERN</b> <b>1461 S OCEAN BLVD #205</b> <b>POMPANO BEACH FL 33062</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>RICHARDSON, VERN</b> <b>1461 S OCEAN BLVD #205</b> <b>POMPANO BEACH, FL. 33062</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BROWNING, ARTHUR F</b> <b>1461 S OCEAN BLVD #308</b> <b>POMPANO BCH FL 33062</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWNING, ARTHUR F</b> <b>1461 S OCEAN BLVD #308</b> <b>POMPANO BEACH, FL. 33062</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COVELL, BRIAN</b> <b>1461 S OCEAN BLVD #110</b> <b>POMPANO BEACH FL 33062</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BATES, JAMES</b> <b>1461 S OCEAN BLVD #113</b> <b>POMPANO BEACH, FL. 33062</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KINNEE, BRUCE J.</b> <b>1461 S. OCEAN BLVD. APT. 112</b> <b>POMPANO BEACH FL 33062</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ROMEO, YOLANDA</b> <b>13 BEECHWOOD DRIVE</b> <b>CLIFTON PARK, N.Y. 12065</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GUNN, PHYLLIS E</b> <b>1461 S OCEAN BLVD #325</b> <b>POMPANO BCH FL 33062</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANGELO ANZISI</b> <b>1461 S.OCEAN BLVD #319</b> <b>POMPANO BEACH, FL. 33062</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:      VERN RICHARDSON      **RE REQUIRED**      4/30/00      954/942-8386  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)

# North Leisure Gardens Associations, Inc.

713534  
844212

Telephone: 954-942-8386

Fax: 954-942-7887

## Officers

Vern Richardson, President  
Dixie Kinnee, Vice President  
James Bates, Treasurer  
Yolando Romeo, Secretary

## Board Members

Angelo Anzisi  
Patrick Evangelista  
Arthur Browning  
Dennis Hollows  
Richard Dillon

## ADDITIONAL DIRECTORS:

D  
DENNIS HOLLOWES  
1461 S. OCEAN BLVD #209  
POMPANO BEACH, FL. 33062

D  
RICHARD DILLON  
56 MARINE STREET  
CITY ISLAND, N.Y. 10464

D  
PATRICK EVANGELISTA  
1865 211 STREET  
BAYSIDE, N.Y. 11361