


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90058 026 \*\*\*\*61.25

**DOCUMENT # 713534**  
 1. Entity 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**

**94023125**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

02252004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1258419**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SERRAO, FRANK  
 1461 S OCEAN BLVD  
 APT 205  
 LAUDERDALE BY THE SEA, FL 33062**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25  
 Due by May 1, 2004**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>SERRAO, FRANK</b><br><b>1461 SO OCEAN BLVD 3205</b><br><b>LAUDERDALE BY THE SEA, FL 33062</b>  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>GOWAN, SHIRLI</b><br><b>1461 S OCEAN BLVD #205</b><br><b>POMPANO BEACH, FL 33062</b>           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TS</b><br><b>ROMEO, YOLANDA</b><br><b>1461 S OCEAN BLVD #129</b><br><b>POMPANO BCH, FL 33062</b>           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GEMMA, CATELLO</b><br><b>1461 SO OCEAN BLVD 331</b><br><b>POMPANO BEACH, FL 33062</b>          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>DILLON, RICHARD</b><br><b>1461 SO OCEAN BLVD 212</b><br><b>LAUDERDALE BY THE SEA, FL 33062</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>COVELL, BRIAN</b><br><b>1461 S OCEAN BLVD #110</b><br><b>POMPANO BEACH, FL 33062</b>          | <input type="checkbox"/> Delete            |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>Richard Rioux</b><br><b>1461 S. Ocean Blvd</b><br><b>Lauderdale by the sea FL 33062</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>Delaware LaBrie</b><br><b>1461 S. Ocean Blvd</b><br><b>Lauderdale by the sea FL 33062</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>Louis Alfano</b><br><b>1461 S. Ocean Blvd</b><br><b>Lauderdale by the sea FL 33062</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b>   | <input checked="" type="checkbox"/> Change <input 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:** Yolanda Romeo **2/26/04** **(954) 942-8386**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #