


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-14-2006 90166 001 ***980.00
714408

DOCUMENT # 714408 1. Entity Name LEISUREVILLE FAIRWAY ONE ASSOCIATION, INC.	
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Principal Place of Business 2851 EAST GOLF BLVD. POMPANO BEACH, FL 33064	Mailing Address 2851 EAST GOLF BLVD. POMPANO BEACH, FL 33064
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED

06 APR 20 AM 8:23

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FLORIDA



01112006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2168738

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

POLIAKOFF, GARY A
 BECKER & POLIAKOFF, P.A.
 3111 STIRLING ROAD
 FT. LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

Name _____

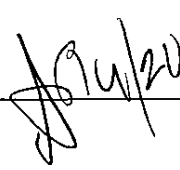
Street Address (P.O. Box Number is Not Acceptable) _____

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.

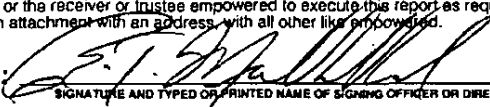
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME	PD RAYMOND, JOHN A <input checked="" type="checkbox"/> Delete
STREET ADDRESS	2851 E GOLF BLVD, #202
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE NAME	VD DILORENZO, JOHN <input checked="" type="checkbox"/> Delete
STREET ADDRESS	2851 E GOLF BLVD, #105
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE NAME	SD MULHOLLAND, RAYMOND T <input type="checkbox"/> Delete
STREET ADDRESS	300.NW 28TH CT
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE NAME	TD AMON, JOHN J <input type="checkbox"/> Delete
STREET ADDRESS	2851 E GOLF BLVD, #203
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	PD AMON, JOHN J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2851 E GOLF BLVD #202
CITY-ST-ZIP	POMPANO Bch., FL 33064
TITLE NAME	FREY, DON VD&TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2851 W. GOLF #104
CITY-ST-ZIP	POMPANO Bch., FL 33064
TITLE NAME	LEWELLEN, DICK RD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2851 W. GOLF # 201
CITY-ST-ZIP	POMPANO Bch., FL 33064
TITLE NAME	BARBARITE, RITA D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2851 W. GOLF # 205
CITY-ST-ZIP	POMPANO Bch., FL 33064
TITLE NAME	JOHNSON, MARTIN D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2851 W. GOLF # 107
CITY-ST-ZIP	POMPANO Bch., FL 33064
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 information.

SIGNATURE:  DATE: 4/14/06 DAYTIME PHONE #: 954-562-4867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond T. Mulholland