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May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 714507 (1) 1. Corporation Name LEISUREVILLE FAIRWAY TWO ASSOCIATION, INC.			
Principal Place of Business 2850 WEST GOLF BLVD. POMPANO BEACH FL 33064		Mailing Address 2850 WEST GOLF BLVD. POMPANO BEACH FL 33064-3778	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent HUBERT, JOSEPH A 2400 E COMMERCIAL BLVD. FT LAUDERDALE FL 33308		10. Name and Address of New Registered Agent 81 Name 82 Street Address 83 84 City 85 Zip Code FL	
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 617.0603, Florida Statutes. SIGNATURE: <i>S. Howard Orner</i> 4/22/97 (NOTE: Registered Agent signature required when reappointing)			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP VD MASTERS, SYBIL 2850 W GOLF BLVD POMPANO BCH FL SD SMITH, WANDA A 2850 W. GOLF BLVD POMPANO BEACH FL PTD DITORE, RUTH M. 2850 W. GOLF BLVD POMPANO BEACH FL [DELETED] [DELETED] [DELETED]		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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. Ruth M. Ditore			
SIGNATURE: <i>Ruth M. Ditore</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/24/97 954-781-2915 Date Daytime Phone # 0021992	



CR2E037 (9/96)