


FILE NOW: FILING FEE IS \$61.25

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May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714546 (9)
 1. Corporation Name
LEISUREVILLE FAIRWAY THREE ASSOCIATION, INC.,



Principal Place of Business 2800 WEST GOLF BLVD. POMPANO BEACH FL 33064	Mailing Address 2800 WEST GOLF BLVD. POMPANO BEACH FL 33064-3777
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3. Date Incorporated or Qualified 05/03/1968	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-1966166	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HUBERT, JOSEPH A
 2400 E COMMERCIAL BLVD.
 FT LAUDERDALE, FL.
 POMPANO BEACH FL 33308**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address
 83 City
 84 State
 85 Zip Code
**S. HOWARD ORNER, P.A.
 2055 UNIVERSITY DR. STE. 110
 CORAL SPRINGS, FL 33065
 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 617.0503, Florida Statutes.
 SIGNATURE: *S. Howard Orner* S. Howard Orner 4/22/97
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	VD	<input checked="" type="checkbox"/> DELETE
NAME	HORNBY, DORIS L	
STREET ADDRESS	2800 W. GOLF BLVD.	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NADEAU, RAYMONDE	
STREET ADDRESS	2800 W. GOLF BLVD.	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VILLENEUVE, JEAN GUY	
STREET ADDRESS	2800 W. GOLF BLVD.	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DOBBIN, HELEN B.	
STREET ADDRESS	2800 W. GOLF #124	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHANSSON, ELEANOR	
STREET ADDRESS	2800 W. GOLF #128	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MERTZ, BERNICIE	
1.3 STREET ADDRESS	2800 W. GOLF BLVD. #127	
1.4 CITY - ST - ZIP	POMPANO BEACH FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GUAY, ADRIEN	
4.3 STREET ADDRESS	2800 W. GOLF #229	
4.4 CITY - ST - ZIP	POMPANO BEACH FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Raymonde Nadeau* Raymonde Nadeau
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 4/24/97 954-946-0096
Date Daytime Phone # 0021994

CR2E037 (9/96)