FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

714546

LEISUREVILLE FAIRWAY THREE ASSOCIATION, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City. & State

21

22

23

DOCUMENT #

1. Corporation Name

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

2800 WEST GOLF BLVD POMPANO BEACH FL 33064

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FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90287 002 ***980.00

3. Date Incorporated or Qualifed

05/03/1968

59-1966166

5. Certificate of Status Desired

4. FEI Number

Zip	Country	Zip	Co	untry		6. Election Campaign F	inancing	\$5.00	May Be	
24	25	29	30			Trust Fund Contributi	on Added to Fees			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
				81	Name				Ì	
ORNER, HOWARD S P.A.					Street A	Address (P.O. Box Number is No	ot Acceptable)			
2855 UNIVERSITY DR				82			,			
STE, 110										
CORAL SPRINGS FL 33065					City			85 Zip C	`ode	
				84	City		F		,ode	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECTORS 13.				· urginalare re	ADDITIONS/CHANGE			RS IN 12	
TITLE	VD	□ DELE		MTLE				Change	Addition	
NAME	- -			NAME						
	MERTZ, BERNICE M	W 2 2 2			ADDRESS					
STREET ADDRESS	2800 W GOLF BLVD.	, #12/		CITY-ST						
CITY-ST-ZIP	POMPANO BEACH FL	□ DELE		rmle	-217			Change	Addition	
	PD			NAME				_ ,		
NAME	NADEAU, RAYMONDE				ADDRESS					
STREET ADDRESS	2800 W GOLF BLVD								-	
CITY-ST-ZIP	POMPANO BEACH FL	□ DELE		CITY-S	1-212			Change	Addition	
TITLE	VD			NAME '			_			
NAME	VILLENEUVE, JEAN	GUY			********					
STREET ADDRESS	2800 W GOLF BLVD				ADDRESS					
CITY-ST-ZIP	POMPANO BEACH FL			CITY-S	T- ZIP			Change	Addition	
TITLE	SD			MLE						
NAME	GUAY, ADRIEN			NAME						
STREET ADDRESS	2800 W GOLF, #229				ADDRESS					
CITY-ST-ZIP	POMPANO BEACH FL			CITY-ST	-ZIP			Change	Addition	
TITLE	TD	☐ DELE	I	TITLE	Ì			Change		
NAME	JOHANSSON, ELEANO	D		NAMÉ 						
STREET ADDRESS	2800 W GOLF #128	10			ADDRESS				1	
CITY-ST-ZIP	POMPANO BEACH FL			CITY-ST	-ZIP			Change	Addition	
TITLE								☐ Change		
NAME				NAME						
STREET ADDRESS					ADDRESS					
C/TY-ST-ZIP				CITY-ST			04-4-4 15	415 - 41 41 1-	-farmation	
14. 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										

Country

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, with all other like empowered.

SIGNATURE:

954-783-8985

Applied For

\$8.75. Additional

Fee Required

\$5.00 May Be

Not Applicable