## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empower

SIGNATURE:

## **FILED** DOCUMENT # 714546 Apr 28, 2000 8:00 am Secretary of State LEISUREVILLE FAIRWAY THREE ASSOCIATION, INC., 04-28-2000 90445 001 \*\*\*980.00 Principal Place of Business Mailing Address 2800 WEST GOLF BLVD. 2900 WEST GOLF BLVD. POMPANO BEACH FL 33064-3777 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1966166 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ORNER, HOWARD S P.A. 2855 UNIVERSITY DR STE. 110 City Zip Code CORAL SPRINGS FL 33065 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ■ Addition TITLE VD X Change TITLE Delete NAME NAME MERTZ, BERNICE SCHNEIDER, GUSCACO STREET ADDRESS STREET ADDRESS 2800 W GOLF BLVD., #127 2800 W GOLF BLVD., #126 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL POMOANO BEACH, FIL ☐ Addition Change ☐ Delete TITLE TITLE PD NAME. NAME NADEAU, RAYMONDE STREET ADDRESS STREET ADDRESS 2800 W. GOLF BLVD. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME villeneuve, Jean Guy NAME STREET ADDRESS STREET ADDRESS 2800 W. GOLF BLVD. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL Change Addition TITLE SD ☐ Delete TITLE NAME NAME GUAY, ADRIEN STREET ADDRESS STREET ADDRESS 2800 W. GOLF, #229 CITY-ST-ZIP CITY-ST-ZIP <u>Pompano Beach Fl</u> Change Addition ☐ Delete TITLE NAME NAME JOHANSSON, ELEANOR STREET ADDRESS STREET ADDRESS 2800 W. GOLF #128 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 eath; 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

954-946**-**0096