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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 714871

(1)

| LEISUREVILLE FAIRWAY FOUR ASSOCIATION, INC. Principal Place of Business Mailing Address | | | | | | |
|---|--|---|--|---|---|--|
| | | Mailing Address | | | r ennist (ennis 1644) (644) (888 | ı sını etair minii bidii dibii dibii bibii |
| | GOLF BLVD. BEACH FL 33064 | 2750 WEST GOLF BL POMPANO BEACH FI | | | | |
| | | | | | 3. Date incorporated or Qualified | 3a. Date of Last Report |
| 2. Principal F | Place of Business | 2a Mailea Addasse | | | 07/01/1968 | 04/27/1995 |
| 21 | COS OF CHOMICOS | 2a. Mailing Address | | | 4. FEI Number 59-1968211 | Applied For |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 39 1900211 | Not Applicable |
| 22 | | 27 | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | | Trust Fund Contribution | Added to Fees |
| Zφ | Country | Zip | Country | | 8. This corporation has liability for in | |
| 24 | 25 9. Name and Address of Cur | rent Posistered Apont | 30 | | Florida Statutes | Yes X No |
| | or Hame and Address of Our | rent negistered Agent | 81] | Name | 10. Name and Address of New Re | gistered Agent |
| HIRES | IT INSERN A | | | | | |
| HUBERT, JOSEPH A 2400 E COMMERCIAL BLVD. | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | 9) |
| | IDERDALE FL 33308 | | 83 | | | |
| | | | <u> </u> | | | |
| | | | | City | | FL 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 617.05 | 02 and 617.1508, Florida Statut | es, the above har | med corpor | ation submits this statement for the purp | |
| familiar w | ith, and accept the obligations of, Se | onda. Such change was authoriz oction 617.0503, Florida Statutes | led by the corpora 3. | ation's boa | ation submits this statement for the purp rd of directors. I hereby accept the appoi | ntment as registered agent. I am |
| SIGNATURE | | | | | | |
| 12. | Signature hypical or printed name of registeriors as | | The Registered Agent si | grafias, sequires | | CAT: |
| TITLE | PD | AND DIRECTORS | 13. | | ADOITIONS CHANGES TO OFFIC | |
| NAME | BARTON, ERNEST C | | 1 1 TILLE | | | Change Addition |
| STREET ADDRESS | 2750 W. GOLF BLVD | | 1.2 NAME | 00500 | | |
| CITY-ST-ZiP | POMPANO BEACH FL | | 1.3 STREET AD | 1 | |]; |
| TITLE | SD | ⊠ DELETE | 14 CITY - 51 - 2 2 1 TiTLE | | SD | Change Addition |
| NAME | CARROLL, LOUISE | | 2.2 NAME | | SEHR, INEZ M. | AT change |
| STREET ADDRESS | 2750 W GOLF BLVD | | 2.3 STREET AD | | 00 N.W. 32ND CT | • |
| CITY - S1 - ZIP | POMPANO BEACH FL | | 2 4 011 Y - ST - 2 | | OMPANO BEACH FL | |
| TITLE | TD | DELETE | 3 1 TITLE | | | ☐ Change ☐ Addition |
| NAME | GRAZUL, MICHAEL | | 3.2 NAME | ļ | | |
| STREET ADDRESS | 2750 W. GOLF BLVD | | 3.3 STREET ADD | ORESS | | |
| CITY - ST - ZIP | POMPANO BEACH FL | | 34 City-St-2 | 7IP | | |
| NAME | VD Bird, Dennis L | DELETE | 4 1 TITLE | | - | ☐ Change ☐ Addition |
| STHEET ADDRESS | 2750 W. GOLF BLVD | | 4 2 NAME | | | |
| CITY-ST-ZIP | POMPANO BEACH FL | | 4.3 STREET ADD | | | |
| TITLE | TOM FINO DEACHTE | DELETE | 4.4 CITY - S.F 7. 5.1 THILE | P | | |
| NAME | | | 5 2 NAME | | | ☐ Change ☐ Addition |
| STREET ADDRESS | | | 5.3 STREET ADD | nress | | |
| CITY - ST - ZIP | | | 5 4 CITY - S 1 - 2) | | | |
| TITLE | | DELETE | 61 TITLE | ·· | | Change Addition |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6 3 STREET ADD | DRESS | | |
| CITY-ST-ZIP | The state of the s | | 6 4 CITY - ST - ZI | | | |
| | | | | | | |

I do hereby certify that the information supplied with this filing is voluntarily furnished and doe: not qualify for the exemption stated in Section 119.07(3)(k). 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND THE OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 954-943-9598 Out Prince Phone (*)