

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 714871**

1. Corporation Name

LEISUREVILLE FAIRWAY FOUR ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

26

2750 WEST GOLF BLVD. POMPANO BEACH FL 33064

2. Principal Place of Business

21

2750 WEST GOLF BLVD. POMPANO BEACH FL 33064

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

05-06-1999 90287 002 \*\*\*980.00



3. Date Incorporated or Qualifed

07/01/1968

4 EEI Number

Suite, Apt.	#, etc.	Suite, Apr. #, etc.			E0 4000011		<del>                                      </del>	3110G T O1						
22		27			59-1968211			Applicable						
City & State	& State City & State				5. Certifcate of Status Desi	ired 🗆	<b>\$8.75</b> A Fee Red							
Zip	Country	Zip	Country		6. Election Campaign Final	ncing	\$5.00	May Be						
24	25 29 30		30	Trust Fund Contribution		Added to	Fees							
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent										
			81	Name										
ORNER, HOWARD S P.A. 2855 UNIVERSITY DR. STE. 110 CORAL SPRINGS FL 33065					(DOD N	table\								
				82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City 85 Zip Code										
										1		F	_	
										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.	Signature, typed or printed name of registered agent a OFFICERS AND	<del>`</del>	13.	it signature i	ADDITIONS/CHANGES 1		AND DIRECTO	RS IN 12		
		XXDELETE	1.1 TITLE		IPD		XIX Change	Addition						
TITLE	PD	102 0 000 12				TCA M		_						
NAME	BARTON, ERNEST C		1.2 NAME		ADAMCHAK, VERONI									
STREET ADDRESS	1				2750 W GOLF BLV			ì						
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-S	T-ZIP	POMPANO BEACH F	<b>_</b>	x[X] Change	Addition						
TITLE	ΙΤΟ	<b>X</b> DELETE	2.1 TITLE		TD		XIXI Citalige	Agaillon						
NAME	O'HAIRE, BEVERLY		2.2 NAME		GOULD, LAURETTE									
STREET ADDRESS	2750 W. GOLF BLVD		2.3 STREE	ADDRESS	[2750 W GOLF BLV	) #133								
CITY-ST-ZIP	POMPANO BEACH FL		2. 4 CITY-5	T-ZIP	POMPANO BEACH F	<u>C</u>								
TITLE	VD	☐ DELETE	3.1 TITLE				Change	☐ Addition						
NAME	BIRD. DENNIS L		3.2 NAME											
STREET ADDRESS	ATEA IN ACIE DIVID		3.3 STREET	ADDRESS										
CITY-ST-ZIP	POMPANO BEACH FL		3.4. CITY-9	T-ZIP	ļ									
TITLE	7 0 111 111 111 111 111 111 111 111 111	☐ DELETE	4.1 TITLE				☐ Change	Addition						
NAME			4. 2 NAME					1						
STREET ADDRESS			4.3 STREE	ADDRESS										
			4.4 CITY-S											
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	1-21			☐ Change	Addition						
		<u></u>	5.2 NAME											
NAME			53 STREE	TADORESS										
STREET ADDRESS			5.4 CITY-S											
CITY-ST-ZIP		☐ DELETÉ	6.1 TITLE				Change	Addition						
TITLE		□ DETE IE	6.2 NAME		1									
NAME														
STREET ADDRESS			6.3 STREE											
CITY-ST-ZIP			6.4 CITY-S	T-ZIP										

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 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

URE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

954-941-5641

Daytime Phone

5037 (11/98)

Applied For