

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 05, 2001 8:00 am**
Secretary of State

05-05-2001 90301 001 ***980.00

DOCUMENT # 714871

1. Entity Name

LEISUREVILLE FAIRWAY FOUR ASSOCIATION, INC.

Principal Place of Business

**2750 WEST GOLF BLVD.
POMPANO BEACH FL 33064**

Mailing Address

**2750 WEST GOLF BLVD.
POMPANO BEACH FL 33064**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1968211

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ORNER, HOWARD S P.A.
2855 UNIVERSITY DR.
STE. 110
CORAL SPRINGS FL 33065**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ADAMCHAK, VERONICA M	
STREET ADDRESS	186 NW 27TH ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33064	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NILES, CLARENCE M.	
STREET ADDRESS	2750 W. GOLF BLVD., #241	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	

TITLE	TD	<input type="checkbox"/> Delete
NAME	GOULD, LAURETTE	
STREET ADDRESS	2750 W GOLF BLVD #133	
CITY-ST-ZIP	POMPANO BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	BIRD, DENNIS L	
STREET ADDRESS	2750 W. GOLF BLVD	
CITY-ST-ZIP	POMPANO BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WINCHELL, RICHARD	
STREET ADDRESS	2750 W. GOLF BLVD., #232	
CITY-ST-ZIP	POMPANO BEACH FL 33064	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, LOUISE J.	
STREET ADDRESS	2750 W. GOLF BLVD., #140	
CITY-ST-ZIP	POMPANO BEACH FL 33064	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

CLARENCE M. NILES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

954-781-9163

Daytime Phone #

CR2E037 (10/00)