

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-14-2006 90166 001 ***980.00
714871

DOCUMENT # 714871

1. Entity Name
LEISUREVILLE FAIRWAY FOUR ASSOCIATION, INC.



Principal Place of Business
**2750 WEST GOLF BLVD.
POMPAÑO BEACH, FL 33064**

Mailing Address
**2750 WEST GOLF BLVD.
POMPAÑO BEACH, FL 33064**

FILED
06 APR 20 AM 8:28

STATE
00010103



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082006 Chg-NP CR2E037 (11/05)

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

**BECKER & POLIAKOFF, P.A.
3111 STIRLING RD
FORT LAUDERDALE, FL 33312**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, KIRK H	
STREET ADDRESS	2750 W GOLF BLVD, #231	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33064	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALSH, JOSEPH F	
STREET ADDRESS	2750 W GOLF BLVD, #236	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33064	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KIRCHNER, MARSHA	
STREET ADDRESS	2750 W GOLF BLVD, #135	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33064	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	AUGER, CLAIRE	
STREET ADDRESS	2750 W. GOLF BLVD. #131	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33064	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SPINO, WILLIAM J	
STREET ADDRESS	2750 W GOLF BLVD, #137	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Landis, Gust	
STREET ADDRESS	2750 W. Golf Blvd. #241	
CITY-ST-ZIP	Pompano Bch, FL 33064	
TITLE	VO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barton, Ursula	
STREET ADDRESS	2750 W. Golf Blvd. #239	
CITY-ST-ZIP	Pompano Bch, FL 33064	
TITLE	VD/SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kirchner, Marsha	
STREET ADDRESS	2750 W. Golf Blvd #135	
CITY-ST-ZIP	Pompano Bch, FL 33064	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nuzzo, Ruth	
STREET ADDRESS	2750 W. Golf Blvd #233	
CITY-ST-ZIP	Pompano Bch, FL 33064	
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 exemptions contained in Chapter 119, 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 or other like empowered.

SIGNATURE:

Kirk H. Johnson Kirk Johnson

9-28-06

954-795-3507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #