

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**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**

FILED

07 APR 30 PM 3:45



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-1968211**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

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, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME JOHNSON, KIRK H  
STREET ADDRESS 2750 W GOLF BLVD, #231  
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE ☐ Change ☐ Addition  
NAME **500103009405**  
STREET ADDRESS **05/22/07--01021--001 \*\*980.00**  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME WALSH, JOSEPH F  
STREET ADDRESS 2750 W GOLF BLVD, #236  
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE ☐ Change ☐ Addition  
NAME **\$3518**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☐ Delete  
NAME LANDIS, GUST  
STREET ADDRESS 2750 W GOLF BLVD #241  
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME BARTON, URSULA  
STREET ADDRESS 2750 W GOLF BLVD #239  
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VSD ☐ Delete  
NAME KIRCHNER, MARSHA  
STREET ADDRESS 2750 W GOLF BLVD #135  
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME NUZZO, RUTH  
STREET ADDRESS 2750 W GOLF BLVD #233  
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

*Kirk Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KIRK JOHNSON**

**3-19-07**

**954-285-3507**

Date

Daytime Phone #