

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714871

FILED  
Apr 11, 2011  
Secretary of State

**Entity Name:** LEISUREVILLE FAIRWAY FOUR ASSOCIATION, INC.

**Current Principal Place of Business:**

2750 WEST GOLF BLVD.  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

2750 WEST GOLF BLVD.  
POMPANO BEACH, FL 33064

**New Mailing Address:**

**FEI Number:** 59-1968211

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
ONE BOCA PLACE  
2255 GLADES RD, STE 300E  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** JOHNS, JUDY  
**Address:** 2750 W GOLF BLVD, #140  
**City-St-Zip:** POMPANO BEACH, FL 33064

**Title:** VD  
**Name:** SPINO, BILL  
**Address:** 2750 W GOLF BLVD, #137  
**City-St-Zip:** POMPANO BEACH, FL 33064

**Title:** VD  
**Name:** WATERS, ROGER  
**Address:** 2750 W GOLF BLVD #237  
**City-St-Zip:** POMPANO BEACH, FL 33064

**Title:** SD  
**Name:** SEE, MILLIE  
**Address:** 2750 W GOLF BLVD #141  
**City-St-Zip:** POMPANO BEACH, FL 33064

**Title:** TD  
**Name:** JOHNSON, JOANNE  
**Address:** 2750 W GOLF BLVD #231  
**City-St-Zip:** POMPANO BEACH, FL 33064

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JUDY JOHNS

PD

04/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date