

FILE NOW: FILING FEE IS \$61.25

FILED

May 21 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 715009 (7)

1. Corporation Name
LEISUREVILLE FAIRWAY EIGHT ASSOCIATION, INC.



| | |
|---|---|
| Principal Place of Business 301 SOUTH GOLF BLVD. POMPANO BEACH FL 33064 | Mailing Address 301 SOUTH GOLF BLVD. #278 POMPANO BEACH FL 33064-3277 |
|---|---|

| | |
|---|--|
| 3. Date Incorporated or Qualified 07/25/1968 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-1966537 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 |
| 25 | 30 |

9. Name and Address of Current Registered Agent

**HUBERT, JOSEPH A
2400 E COMMERCIAL BLVD.
FT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name S. HOWARD ORNER, P.A. |
| 82 Street Address 2855 UNIVERSITY DR. STE 110 |
| 83 City DORAL SPRINGS, FL 33008 |
| 84 City FL |
| 85 Zip Code |

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 *S. Howard Orner* DATE **4/22/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | | | |
|--------------------|-----------------------------------|---|--|--|
| TITLE VD | NAME LOUX, NORMA M. | STREET ADDRESS 301 S. GOLF BLVD. #180 | CITY-ST-ZIP POMPANO BEACH FL | <input checked="" type="checkbox"/> DELETE |
| TITLE D | NAME DEMARCO, ADELAIDE | STREET ADDRESS 301 S. GOLF BLVD | CITY-ST-ZIP POMPANO BEACH FL | <input type="checkbox"/> DELETE |
| TITLE SD | NAME SHAHEEN, JOSEPH J. | STREET ADDRESS 301 S. GOLF BLVD. #278 | CITY-ST-ZIP POMPANO BEACH FL | <input type="checkbox"/> DELETE |
| TITLE PD | NAME GEORGE, FARIS GENE | STREET ADDRESS 301 S. GOLF BLVD | CITY-ST-ZIP POMPANO BEACH FL | <input type="checkbox"/> DELETE |
| TITLE TD | NAME KING, KITTY | STREET ADDRESS 301 S. GOLF BLVD. #173 | CITY-ST-ZIP POMPANO BEACH FL | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | |
|------------------------|-------------------------------------|--|---|--|
| 1.1 TITLE VD | 1.2 NAME LOUX, DONALD | 1.3 STREET ADDRESS 301 S. GOLF BL. | 1.4 CITY-ST-ZIP POMPANO BEACH, FL | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.1 TITLE D | 2.2 NAME DOROTHY BRAINERD | 2.3 STREET ADDRESS 301 S. GOLF BL. | 2.4 CITY-ST-ZIP POMPANO BEACH, FL 33064 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.1 TITLE D | 3.2 NAME NORMA LOUX | 3.3 STREET ADDRESS 301 S. GOLF BL. | 3.4 CITY-ST-ZIP POMPANO FL. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.1 TITLE D | 4.2 NAME JOHN DIKONIAK | 4.3 STREET ADDRESS 301 S. GOLF BL. | 4.4 CITY-ST-ZIP POMPANO BEACH, FL. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.1 TITLE D | 5.2 NAME LODELLA FOX | 5.3 STREET ADDRESS 301 S. GOLF BL. | 5.4 CITY-ST-ZIP POMPANO BEACH, FL | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do 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 changed, or on an attachment with an address.

Faris Gene George

SIGNATURE: *Faris Gene George* DATE: **4/24/97** TELEPHONE: **954-782-5731**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)