

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90301 001 ***980.00

DOCUMENT # 715009

1. Entity 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
 US**

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

59-1966537

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	VD	<input checked="" type="checkbox"/> Delete
NAME	MULCHAY, LILLIAN	
STREET ADDRESS	301 S GOLF BLVD #176	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BRAINERD, DOROTHY S	
STREET ADDRESS	301 S GOLF BLVD #281	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KING, KITTY	
STREET ADDRESS	301 S GOLF BLVD #173	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GEAR, MARILYN K	
STREET ADDRESS	301 S GOLF BLVD #279	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROFFMAN, HELENE M.	
STREET ADDRESS	301 S GOLF BLVD #280	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONGRATZ, MADELENE S.	
STREET ADDRESS	301 S GOLF BLVD #178	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULCHAY, LILLIAN	
STREET ADDRESS	301 S GOLF BLVD #176	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Lillian Mulchay*
 LILLIAN MULCHAY

4/26/01

954-782-6121

Date

Daytime Phone #

CR2E037 (10/00)