

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90100 001 \*\*\*918.75

**DOCUMENT # 715009**

1. Entity Name

**LEISUREVILLE FAIRWAY EIGHT ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**301 SOUTH GOLF BLVD.  
 POMPANO BEACH FL 33064**

**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



DO NOT WRITE IN THIS SPACE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROFFMAN, HELENE M</b>	NAME	
STREET ADDRESS	<b>301 S. GPLF BLVD., #280</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PONGRATZ, MADELENE S</b>	NAME	
STREET ADDRESS	<b>301 S GOLF BLVD, #178</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>PSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULCHAY, LILLIAN</b>	NAME	<b>MULCHAY, LILLIAN C</b>
STREET ADDRESS	<b>301 S GOLF BLVD., #176</b>	STREET ADDRESS	<b>301 S GOLF BLVD., #176</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	CITY-ST-ZIP	<b>POMPANO BEACH FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEAR, MARILYN K</b>	NAME	
STREET ADDRESS	<b>301 S GOLF BLVD #279</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 C. Mulchay*

4/25/02

954-782-6121

CR2E037 (9/01)