


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90756 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 Suite, Apt. #, etc.

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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**POLIAKOFF, GARY A
BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FT. LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent
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

FILE NOW: FEE IS \$61.25

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	BROFFMAN, HELENE M	
STREET ADDRESS	301 S. GPLF BLVD., #280	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	MULCHAY, LILLIAN C	
STREET ADDRESS	301 S GOLF BLVD # 176	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORCZAK, THADDEAUS J	
STREET ADDRESS	301 S GOLF BLVD #282	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORLASTO, CAROLYN A	
STREET ADDRESS	301 S GOLF #277	
CITY-ST-ZIP	POMPANO BEACH FL	
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: *Marilyn Gear* 4/29/03 954-786-2950

CR2E037 (10/02)