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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **715161** (6)
1. Corporation Name
LEISURE TOWERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
1500 S. OCEAN BLVD. POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **08/23/1968** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1298030** Applied For Not Applicable

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
RANNO, ROSE
1500 S. OCEAN BLVD.
POMPANO BEACH FL 32062

10. Name and Address of New Registered Agent
81 Name **RANNO, ROSE**
82 Street Address (P.O. Box Number is Not Acceptable) **1500 S. OCEAN BLVD.**
83 **POMPANO BEACH, FLA. 33062**
84 City **POMPANO BEACH, FLA.** 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **ROSE RANNO** (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) *Rose Ranno* DATE **4/20/95**

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	FLANAGAN, MARTHA
STREET ADDRESS	1500 S OCEAN BLVD
CITY-ST-ZIP	POMPANO BCH FL 33062
TITLE	V
NAME	WALLACE GABLER
STREET ADDRESS	1500 S OCEAN BLVD
CITY-ST-ZIP	POMPANO BCH FL 33062
TITLE	T
NAME	GIBALDI, JOSEPH
STREET ADDRESS	1500 S OCEAN BLVD
CITY-ST-ZIP	POMPANO BCH FL 33062
TITLE	S
NAME	GERARD, EARL
STREET ADDRESS	1500 S OCEAN BLVD
CITY-ST-ZIP	POMPANO BCH FL 33062
TITLE	D
NAME	MANCINI, PASQUALE
STREET ADDRESS	1500 S OCEAN BLVD
CITY-ST-ZIP	POMPANO BCH FL 33062
TITLE	D
NAME	HERSTON, KELSO
STREET ADDRESS	1500 S OCEAN BLVD
CITY-ST-ZIP	POMPANO BCH FL 33062

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PETER DAVIS
1.3 STREET ADDRESS	1500 SO.OCEAN BLVD.
1.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33062
2.1 TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOUGLAS NEDRY
2.3 STREET ADDRESS	1500 SO.OCEAN BLVD.
2.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33062
3.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOSEPH GIBALDI
3.3 STREET ADDRESS	1500 SO.OCEAN BLVD.
3.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33062
4.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JANE SHUMAKER
4.3 STREET ADDRESS	1500 SO.OCEAN BLVD.
4.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33062
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOHN HERRICK
5.3 STREET ADDRESS	1500 SO.OCEAN BLVD.
5.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33062
6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WALLACE GABLER
6.3 STREET ADDRESS	1500 SO.OCEAN BLVD.
6.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33062

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 607.03(1)(b), 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.

SIGNATURE: *Pasquale Mancini* *JOHN GIBALDI* DATE **4/20/95** (305) 946-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR