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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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. 1500 S. OCEAN BLVD.
POMPANO BEACH FL 33062 POMPANO BEACH FL 33062

3. Date Incorporated or Qualified
08/23/1968

4. FEI Number 59-1298030 Applied For Not Applicable

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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
21 same as above 26 same as above
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
RANNO, ROSE
1500 S OCEAN BLVD
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent
81 Name ROSE RANNO
82 Street Address (P.O. Box Number is Not Acceptable) 1500 SO. OCEAN BLVD.
83 POMPANO BEACH, FLA. 33062
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 ROSE RANNO, Office Mgr. *Rose Ranno* DATE 5/14/98

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KLIPPEL, MARIE	GABLER, WALLACE F.
STREET ADDRESS	1500 S OCEAN BLVD	1500 S. Ocean Blvd
CITY-ST-ZIP	POMPANO BCH FL 33062	POMPANO BEACH, FLA. 33062
TITLE	KLIPPEL, MARIE	<input type="checkbox"/> DELETE
NAME	KLIPPEL, MARIE	
STREET ADDRESS	1500 S OCEAN BLVD	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SHUMAKER, JANE	
STREET ADDRESS	1500 S OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BERNADETTE, PALMER	HASSBERGER, WM.
STREET ADDRESS	1500 S OCEAN BLVD	1500 S. Ocean Blvd
CITY-ST-ZIP	POMPANO BCH FL 33062	POMPANO BCH FL. 33062
TITLE	D	<input type="checkbox"/> DELETE
NAME	GABLER, WALLACE	
STREET ADDRESS	1500 S OCEAN BLVD	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEZZELLO, SONNY	
STREET ADDRESS	1500 S OCEAN BLVD	
CITY-ST-ZIP	POMPANO BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GABLER, WALLACE F.	
1.3 STREET ADDRESS	1500 SO. OCEAN BLVD.	
1.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33062	
2.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KLIPPEL, MARIE	
2.3 STREET ADDRESS	1500 SO. OCEAN BLVD. POMP. BCH FLA.	
2.4 CITY-ST-ZIP		
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JANE SHUMAKER	
3.3 STREET ADDRESS	1500 S. OCEAN BLVD.	
3.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33062	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HASSBERGER, WILLIAM	
4.3 STREET ADDRESS	1500 S. OCEAN BLVD.	
4.4 CITY-ST-ZIP	POMPANO BCH, FL. 33062	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PEZZELLO, SONNY	
5.3 STREET ADDRESS	1500 S. OCEAN BLVD.	
5.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33062	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BRETON, DR. CLAUDE	
6.3 STREET ADDRESS	1500 S. OCEAN BLVD. POMP BCH FLA. 33062	
6.4 CITY-ST-ZIP		

14. 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 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.

CR2E037 (10/97)

SIGNATURE _____ DATE 5/14/98 (954) 946 2444