

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90327 023 ****61.25

0036870

DOCUMENT # 715161

1. Entity Name

LEISURE TOWERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1500 S. OCEAN BLVD.
 POMPANO BEACH FL 33062

1500 S. OCEAN BLVD.
 POMPANO BEACH FL 33062

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

59-1298030

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

RANNO, ROSE
 1500 S OCEAN BLVD
 POMPANO BEACH FL 33062

Name **Thomas J. Decker**
 Street Address (P.O. Box Number is Not Acceptable) **Co MANAGEMENT Assist, Inc**
2626 E. Commercial Blvd. #4
 City **Ft. Lauderdale** **FL** Zip Code **33308**

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 *Thomas J. Decker* **T.J. DECKER**

4/20/01
 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	V	<input type="checkbox"/> Delete
NAME	TAYLOR, JAY	
STREET ADDRESS	1500 S OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KLIPPEL, MARIE	
STREET ADDRESS	1500 S OCEAN BLVD	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARIOLI, GRACE	
STREET ADDRESS	1500 S OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HASSBERGER, WILLIAM	
STREET ADDRESS	1500 S OCEAN BLVD	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROULT, CHARLES	
STREET ADDRESS	1500 S OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GERARD, EARL	
STREET ADDRESS	1500 S OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Condra	
STREET ADDRESS	1500 S. Ocean Blvd	
CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTHA FIANAGAN	
STREET ADDRESS	1500 S. Ocean Blvd.	
CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bernadette Palmer	
STREET ADDRESS	1500 S. Ocean Blvd.	
CITY-ST-ZIP	Pompano Beach, FL 33062	

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01 **954-946-2444**
 Date Daytime Phone #

CR2E037 (10/00)