

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715161

FILED
Apr 24, 2009
Secretary of State

Entity Name: LEISURE TOWERS ASSOCIATION, INC.

Current Principal Place of Business:

1500 S. OCEAN BLVD.
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

1500 S. OCEAN BLVD.
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 59-1298030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMER, BERNADETTE
C/O LEISURE TOWERS OFFICE
1500 SOUTH OCEAN BLVD
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALERNO, RAMO
Address: 21034 RYAN ROAD
City-St-Zip: WARREN, MI 48091

Title: D () Delete
Name: ROSSELLE, ROBERT
Address: 1500 S. OCEAN BLVD, #905
City-St-Zip: POMPANO BEACH, FL 33062

Title: ST () Delete
Name: CONDRA, GARY
Address: 1500 S. OCEAN BLVD, #208
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: MURPHY, MARTIN
Address: 1500 S. OCEAN BLVD. #205
City-St-Zip: POMPANO BCH, FL 33062

Title: VD () Delete
Name: ARIOLI, GRACE
Address: 1500 S. OCEAN BLVD. #502
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: HUNT, STEVEN
Address: 1500 S. OCEAN BLVD. #1408
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY CONDRA

ST

04/24/2009

Electronic Signature of Signing Officer or Director

Date