

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 715782 (9)**

1. Corporation Name  
**LEISURE HOUSE ASSOCIATION, INC.**



Principal Place of Business: **3000 RIO MAR STREET FT. LAUDERDALE FL 33304**  
Mailing Address: **3000 RIO MAR STREET FT. LAUDERDALE FL 33304**

3. Date Incorporated or Qualified: **12/31/1968**  
3a. Date of Last Report: **04/21/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>59-1356509</b>	Applied For	<input type="checkbox"/>	Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b>	Additional Fee Required	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b>	May Be Added to Fees	
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**RUMIN, EDWARD R.  
2870 E. OAKLAND PARK BLVD.  
FORT LAUDERDALE FL 33306**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number Is Not Acceptable)
83	
84	City
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HICKEY, F. JOHN</b>	1.2 NAME	<b>SMITH, MARY ANN</b>
STREET ADDRESS	<b>3000 RIO MAR ST.</b>	1.3 STREET ADDRESS	<b>3000 RIO MAR ST.</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	1.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL</b>
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENAMOYER, CARL F.</b>	2.2 NAME	
STREET ADDRESS	<b>3000 RIO MAR ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TEIXEIRA, MARY</b>	3.2 NAME	
STREET ADDRESS	<b>3000 RIO MAR ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STALKER, MURIEL</b>	4.2 NAME	
STREET ADDRESS	<b>2908 NW 10TH AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILTON MANORS FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>SMITH, ANN</del>	5.2 NAME	
STREET ADDRESS	<del>3000 RIO MAR ST.</del>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<del>FT. LAUDERDALE FL</del>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TEIXEIRA, MARY</b>	6.2 NAME	
STREET ADDRESS	<b>3000 RIO MAR ST.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: F. John Hickey **2/22/96 954-564-4950**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Daytime Phone #

CR2E037 (12/95)