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Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

3000 RIO MAR STREET
FT. LAUDERDALE FL 333043000 RIO MAR STREET
FT. LAUDERDALE FL 33304-42003. Date Incorporated or Qualified
12/31/19683a. Date of Last Report
02/27/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1356509Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable.

(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
NAME	HICKEY, F. JOHN	
STREET ADDRESS	3000 RIO MAR ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GREENAMOYER, CARL F.	
STREET ADDRESS	3000 RIO MAR ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TEIXEIRA, MARY	
STREET ADDRESS	3000 RIO MAR ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	STALKER, MURIEL	
STREET ADDRESS	2908 NW 10TH AVE.	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, MARY ANN	
STREET ADDRESS	3000 RIO MAR ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TEIXEIRA, MARY	
STREET ADDRESS	3000 RIO MAR ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AIELLO, BOBBY	
1.3 STREET ADDRESS	3000 RIO MAR ST.	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DE CASTILLA, JOSE	
2.3 STREET ADDRESS	3000 RIO MAR ST.	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DORAN, TOM	
3.3 STREET ADDRESS	3000 RIO MAR ST.	
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARTIN, NELSON	
4.3 STREET ADDRESS	300 NW 19 COURT #214N	
4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

F. John Hickey

2/23/97 954-456-4950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 6085563

CR2E037 (9/96)