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FILED
Feb 18 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 # 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

4. FEI Number: 59-1356509
Applied For: Not Applicable:

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

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

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

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	AIELLO, DOXY	
STREET ADDRESS	3000 RIO MAR ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DE CASTILLA, JOSE	
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 checked="" type="checkbox"/> Addition
2.2 NAME	DE FRANCISCA, CARMELA	
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 checked="" type="checkbox"/> Addition
3.2 NAME	ALEDRIZO MAZZARELLI	
3.3 STREET ADDRESS	3000 RIDMAN ST	
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOHN REEUR	
4.3 STREET ADDRESS	3000 RIO MAR ST	
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 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* F. JOHN HICKEY 2/17/98 954-564-4950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035908

CR2E037 (10/97)