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**Mar 04, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 715782**

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**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

3. Date Incorporated or Qualified

**12/31/1968**

4. FEI Number

**59-1356509**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

**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

TITLE **PD** ☐ DELETE  
NAME **HICKEY, F. JOHN**  
STREET ADDRESS **3000 RIO MAR ST.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VD** ☐ DELETE  
NAME **GREENAMOYER, CARL F.**  
STREET ADDRESS **3000 RIO MAR ST.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **TD** ☐ DELETE  
NAME **TEIXEIRA, MARY**  
STREET ADDRESS **3000 RIO MAR ST.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **ST** ☐ DELETE  
NAME **STALKER, MURIEL**  
STREET ADDRESS **2908 NW 10TH AVE.**  
CITY-ST-ZIP **WILTON MANORS FL**

TITLE **D** ☐ DELETE  
NAME **SMITH, MARY ANN**  
STREET ADDRESS **3000 RIO MAR ST.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☐ DELETE  
NAME **DE CASTILLA, JOSE**  
STREET ADDRESS **3000 RIO MAR ST.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**D**  
**DOLLY AIEMO**  
**3000 RIO MAR ST.**  
**FT. LAUDERDALE, FL 33304**

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/4/99**  
Date

**954-564-4950**  
Daytime Phone #

CR2E037 (1/98)