

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 715782**

1. Entity 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**



01072004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1356509**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CLARKE, DAVID  
3000 RIO MAR ST  
FT LAUDERDALE, FL**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
STALKER, MURIEL  
3000 RIO MAR ST.  
FT. LAUDERDALE, FL**

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

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

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

000000066181  
02/26/04-80004-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**F. John Hickey**

**2/22/04**

**954-564-4950**

Daytime Phone #