

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 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**



01032006 No.Chg-NF CR2E037 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$81.25
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLARKE, DAVID
STREET ADDRESS	3000 RIO MAR ST
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	TD
NAME	TEIXEIRA, MARY
STREET ADDRESS	3000 RIO MAR ST.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	ST
NAME	STALKER, MURIEL
STREET ADDRESS	3000 RIO MAR ST.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	D
NAME	SMITH, MARY ANN
STREET ADDRESS	3000 RIO MAR ST.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	VD
NAME	DE CASTILLA, JOSE
STREET ADDRESS	3000 RIO MAR ST.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	PD
NAME	HICKEY, F JOHN
STREET ADDRESS	3000 RIO MAR ST
CITY-ST-ZIP	FT LAUDERDALE, FL

U00000509625
 04/26/06-80120-017 81.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: F. John Hickey **F. JOHN HICKEY** 4/10/06 954-564-4950
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #