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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717234 (9)

1. Corporation Name
LEISURE PARK ASSOCIATION, INC.

Principal Place of Business LEISURE PARK CONDOMINIUM RECREATION ROOM FT. LAUDERDALE FL 33304 US	Mailing Address 900 NE 18TH AVE OFFICE FT. LAUDERDALE FL 33304 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

3. Date Incorporated or Qualified 09/24/1969		
4. FEI Number 59-1318150	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

LIEB, HERBERT
 900 NE 18 AVE APT 708
 FT. LAUDERDALE FL 33304

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	P	<input type="checkbox"/> DELETE
NAME	CURASI, MIKE	
STREET ADDRESS	900 N.E. 18TH AVE., #1208	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STACEY, WALLY	
STREET ADDRESS	900 N. E. 18TH AVE #1008	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LIEB, HERBERT	
STREET ADDRESS	900 N.E. 18TH AVE., #708	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MALOWF, GEORGE	
STREET ADDRESS	900 N E 18TH AVE # 1401	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEONE, BETTY	
STREET ADDRESS	900 NE 18TH AVE #407	
CITY-ST-ZIP	FT. LAUD FL 33304	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELL, MICHAEL	
STREET ADDRESS	900 NE 18TH AVE 1402	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MALOUF GEORGE
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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)(f), 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: *Michael Bell* **SIGNATURE REQUIRED** *1/2/98* *763-4575*

CR2E037 (10/97)