

**NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 30, 1999 8:00 am**  
**Secretary of State**

06-30-1999 90006 041 \*\*\*\*75.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** ~~YOU HAVE IT AS LEISURE PARK ASS. INC.~~ **717234**  
 1. Corporation Name  
**LEISURE PARK CONDOMINIUM ASS.**

Principal Place of Business <b>900 N/E 18TH AVENUE                  FT. LAUDERDALE, FL. 33304                  RECREATION ROOM</b>	Mailing Address <del>PO Box 7998                  EAST LAUDERDALE                  FLORIDA, 33338</del>
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2. Principal Place of Business 21	2a. Mailing Address 26 <del>PO Box 7998 FT LAUD FL 33338</del>	3. Date Incorporated or Qualified <b>SEPT 24 1969</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>591318150</b>
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>HERBERT LIEB                  900 N/E 18TH AVENUE #708                  FT. LAUD. FL. 33304</b>	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 <b>FL</b>
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>Pres</b>	<b>MICHAEL CURASI #</b> <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>900 N/E 18TH AVENUE #1208</b>	1.2 NAME	
STREET ADDRESS	<b>FT. LAUD. FLA. 33304</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>VP.</b>	<b>WALLY STACEY</b> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>900 N/E 18TH AVG. #1008</b>	2.2 NAME	
STREET ADDRESS	<b>FT. LAUD. FL. 33304</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>TRUS</b>	<b>HERBERT LIEB</b> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>900 N/E 18TH AVG #708</b>	3.2 NAME	
STREET ADDRESS	<b>FT. LAUD. FL. 33304</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <b>SEC</b>	<b>GEORGE MALOUF</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>900 N/E 18TH AVG #1405</b>	4.2 NAME	
STREET ADDRESS	<b>FT. LAUD. FL. 33304</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <b>DIR</b>	<b>BETTY LEONE</b> <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>900 N/E 18TH AVG #407</b>	5.2 NAME	
STREET ADDRESS	<b>FT. LAUD. FL. 33304</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <b>DIR.</b>	<b>MICHAEL BELL</b> <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>900 N/E 18TH AVG. #1402</b>	6.2 NAME	
STREET ADDRESS	<b>FT. LAUD FL. 33304</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Michael Curasi President 6/22/99 954-764-2134  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #