

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90353 001 ***980.00

DOCUMENT # 715006

1. Entity Name

LEISUREVILLE FAIRWAY ELEVEN ASSN., INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2701 E GOLF BLVD

Suite, Apt. #, etc.

3. Mailing Address

2701 E GOLF BLVD #2013

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

Zip

33064

Country

City & State

POMPANO BEACH FL

Zip

33064

Country

4. FEI Number

59-1970441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name POLIAKOFF, GARY A

Street Address (P.O. Box Number is Not Acceptable) ~~BECKER & POLIAKOFF, P.A.~~

3111 STIRLING ROAD

City

FT. LAUDERDALE

FL

Zip Code

33312

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

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KERR, ELEANOR
STREET ADDRESS 2701 E GOLF BLVD #2013
CITY-ST-ZIP POMPANO BEACH FL

TITLE STD
NAME BROWN, SUSAN B
STREET ADDRESS 2701 E GOLF BLVD #1014
CITY-ST-ZIP POMPANO BEACH FL

TITLE VD
NAME MILLER, ALYCE LOUISE
STREET ADDRESS 2701 E GOLF BLVD #1016
CITY-ST-ZIP POMPANO BEACH FL

TITLE VD
NAME MCLOUGHLIN, PATRICIA M
STREET ADDRESS 2701 E GOLF BLVD #2014
CITY-ST-ZIP POMPANO BEACH FL

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Alyce Louise Miller

4/26/04

954-784-9174

CR2E037B (12/02)