

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 712863

**FILED**  
**Mar 16, 2017**  
**Secretary of State**  
**CC6326546439**

**Entity Name:** LEISUREVILLE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

2921 W. GOLF BLVD.  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

2921 W. GOLF BLVD.  
POMPANO BEACH, FL 33064

**FEI Number: 59-1269487**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TRIPP SCOTT, P.A.  
110 SE 6TH STREET  
15TH FLOOR  
FORT LAUDERDALE, FL 33301 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           JOY, FREDERICK  
Address        2981 NW 1 AVE  
City-State-Zip: POMPANO BCH FL 33064

Title           TD  
Name           CARTANZA, ALICE  
Address        2910 NW 2 AVE  
City-State-Zip: POMPANO BEACH FL 33064

Title           SD  
Name           TREUTHARDT, JO ANN  
Address        241 NW 24TH COURT  
City-State-Zip: POMPANO BEACH FL 33064

Title           DIRECTOR  
Name           COSENTINO, ANNA  
Address        40 LEISURE BLVD  
City-State-Zip: POMPANO BEACH FL 33064

Title           DIRECTOR  
Name           BOBBITT, JEANNE  
Address        3211 E GOLG BLVD  
City-State-Zip: POMPANO BEACH FL 33064

Title           DIRECTOR  
Name           BRADBURY, IRENE  
Address        401 S GOLF BLVD  
City-State-Zip: POMPANO BEACH FL 33064

Title           DIRECTOR  
Name           GALLO, LOIS  
Address        2941 NW 1 DRIVE  
City-State-Zip: POMPANO BEACH FL 33064

Title           DIRECTOR  
Name           PAULUS, EDGAR  
Address        2671 NW 4TH AVE  
City-State-Zip: POMPANO BEACH FL 33064

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: FREDERICK JOY**

**PRESIDENT**

**03/16/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name HOLMES, MIKE  
Address 251 SOUTH GOLF  
City-State-Zip: POMPANO BEACH FL 33064