

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 712863

**FILED**  
**Mar 05, 2015**  
**Secretary of State**  
**CC3901807233**

**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 D  
Name HEUSER, JAMES  
Address 2431 N CYPRESS ROAD  
City-State-Zip: POMPANO BEACH FL 33064

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 D  
Name LEGERE, RONALD  
Address 3010 E. GOLF BLVD.  
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 DOYON, MICHEL  
Address 2961 NW 1 AVE  
City-State-Zip: POMPANO BEACH FL 33064

Title DIRECTOR  
Name SUMMER, JIM  
Address 240 NW 2 CT  
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**

**03/05/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           LEORNARD, JIM  
Address        181 NW 24 CT  
City-State-Zip:  POMPANO BEACH FL 33064