

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 712863

**FILED**  
**Mar 02, 2021**  
**Secretary of State**  
**0186834957CC**

**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 US

**FEI Number:** 59-1269487

**Certificate of Status Desired:** No

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

VALANCY, STEVEN P.A.  
311 SE 13 ST  
FORT LAUDERDALE, FL 33316 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 DIRECTOR  
Name FONTANELLA, LINDA  
Address 3271 E. GOLF BLVD  
City-State-Zip: POMPANO BEACH FL 33064

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

Title DIRECTOR  
Name MILLER, BRIAN  
Address 2900 NW 1ST DRIVE  
City-State-Zip: POMPANO BEACH FL 33064

Title TREASURER  
Name COONS, BARBARA (BJ)  
Address 321 LEISURE BLVD  
City-State-Zip: POMPANO BEACH FL 33064

Title DIRECTOR  
Name DAVIS, ELIJAH  
Address 310 LEISURE BLVD  
City-State-Zip: POMPANO BEACH FL 33064

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

Title DIRECTOR  
Name REGALADO, LINDA  
Address 2800 WEST GOLF BLVD. #119  
City-State-Zip: POMPANO BEACH FL 33064

Title DIRECTOR  
Name TERWILLIGER, TOM  
Address 3160 NW 1 AVENUE  
City-State-Zip: POMPANO BEACH FL 33064

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*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:** ANTHONY BALESTRINO

**PRESIDENT**

**03/02/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
Name            BALESTRINO, ANTHONY  
Address        2851 EAST GOLF  
                  102  
City-State-Zip:  POMPANO BEACH FL 33064