

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 713534

**Entity Name:** NORTH LEISURE GARDENS ASSOCIATIONS, INC.

**Current Principal Place of Business:**

1461 SO. OCEAN BOULEVARD  
LAUDERDALE BY THE SEA,, FL 33062

**Current Mailing Address:**

1461 S. OCEAN BLVD,  
POMPANO BEACH, FL 33062 US

**FEI Number:** 59-1258419

**Certificate of Status Desired:** Yes

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

SULLIVAN, JOHN  
1461 S. OCEAN BLVD,  
POMPANO BEACH, FL 33062 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:** JOHN SULLIVAN

04/10/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SULLIVAN, JOHN  
Address        1461 S. OCEAN BLVD,  
City-State-Zip: POMPANO BEACH FL 33062

Title            VP  
Name            KINNEE, DIXIE  
Address        1461 S. OCEAN BLVD,  
City-State-Zip: POMPANO BEACH FL 33062

Title            TREASURER  
Name            MARSCHALL, LORI  
Address        1461 S. OCEAN BLVD,  
City-State-Zip: POMPANO BEACH FL 33062

Title            SECRETARY  
Name            LEE, PAT  
Address        1461 SO. OCEAN BOULEVARD  
City-State-Zip: LAUDERDALE BY THE SEA, FL 33062

Title            DIRECTOR  
Name            NOVELLI, FRANK  
Address        1461 S. OCEAN BLVD,  
City-State-Zip: POMPANO BEACH FL 33062

Title            DIRECTOR  
Name            LABRIE, CLAUDE  
Address        1461 S. OCEAN BLVD,  
City-State-Zip: POMPANO BEACH FL 33062

Title            DIRECTOR  
Name            PRATER, MATT  
Address        1461 S. OCEAN BLVD,  
City-State-Zip: POMPANO BEACH FL 33062

*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:** LORI MARSCHALL

**TREASURER**

04/10/2023

Electronic Signature of Signing Officer/Director Detail

Date