

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714507

**Entity Name:** LEISUREVILLE FAIRWAY TWO ASSOCIATION, INC.

**Current Principal Place of Business:**

2850 WEST GOLF BLVD.  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

2850 WEST GOLF BLVD.  
116  
POMPANO BEACH, FL 33064 US

**FEI Number:** 59-1971860

**Certificate of Status Desired:** No

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

TRIPP SCOTT, P.A.  
110 SE 6TH STREET  
15TH FLOOR  
FT. 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/ TREASURER  
Name            RAGONES, ANNETTE  
Address        2850 W GOLF BLVD  
City-State-Zip: POMPANO BEACH FL 33064

Title            VP  
Name            NILSEN, BRUCE  
Address        2850 WEST GOLF BLVD  
                    113  
City-State-Zip: POMPANO BEACH FL 33064

Title            SECRETARY  
Name            SILVESTRI, DENISE  
Address        2850 WEST GOLF BLVD  
                    117  
City-State-Zip: POMPANO BEACH FL 33064

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:** ANNETTE M RAGONESE

**PRESIDENT**

**02/07/2019**

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

\_\_\_\_\_  
Date