

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714871

**Entity Name:** LEISUREVILLE FAIRWAY FOUR ASSOCIATION, INC.**Current Principal Place of Business:**2750 WEST GOLF BLVD.  
POMPANO BEACH, FL 33064**Current Mailing Address:**2750 WEST GOLF BLVD.  
UNIT 239  
POMPANO BEACH, FL 33064 US**FEI Number:** 59-1968211**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VALANCY & REED, P.A.  
310 SE 13TH STREET  
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:** STEVEN VALANCE P.A.

04/04/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            SPINO, BILL  
Address        2750 W GOLF BLVD, #137  
City-State-Zip: POMPANO BEACH FL 33064

Title            PRESIDENT  
Name            SVENDSEN, KARIN  
Address        2750 WEST GOLF BLVD  
                  239  
City-State-Zip: POMPANO BEACH FL 33064

Title            DIRECTOR  
Name            HILL, DIANE  
Address        2750 W GOLF BLVD  
                  UNIT 237  
City-State-Zip: POMPANO BEACH FL 33064

Title            SECRETARY  
Name            BARDHI, KEN  
Address        2750 W GOLF BLVD  
                  UNIT 238  
City-State-Zip: POMPANO BEACH FL 33064

Title            VP  
Name            SEGNINI, ATILIO  
Address        2750 WEST GOLF BLVD  
                  134  
City-State-Zip: POMPANO BEACH FL 33064

Title            DIRECTOR  
Name            DONAHUE, JAMES  
Address        2750 W GOLF BLVD  
                  UNIT 131  
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:** KARIN SVENDSEN**PRESIDENT**

04/04/2022

Electronic Signature of Signing Officer/Director Detail

Date