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.	

PRESIDENT

above, or on an attachment	war an outer like empower	cu.
SIGNATURE: LU	CY PRUE	

I

Electronic Signature of Signing Officer/Director Detail

SCOTT, TRIPP S 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

## **Officer/Director Detail :**

Onicendirec	Stor Detail .		
Title	VP	Title	PRESIDENT
Name	KULUNAS, VICTOR	Name	PRUE, LUCY
Address	301 S GOLF BLVD #271	Address	301 SOUTH GOLF
City-State-Zip:	POMPANO BEACH FL 33064		180
ony onato zip.		City-State-Zip:	POMPANO BEACH FL 33064
Title	TREASURER		
Name	BIJECLIC, HELEN		
Address	301 SOUTH GOLF 276		
City-State-Zip:	POMPANO BEACH FL 33064		

Name and Address of Current Registered Agent:

301 SOUTH GOLF BLVD POMPANO BEACH, FL 33064

# **DOCUMENT# 715009**

Entity Name: LEISUREVILLE FAIRWAY EIGHT ASSOCIATION, INC.

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

# **Current Mailing Address:**

301 SOUTH GOLF BLVD POMPANO BEACH. FL 33064

# FEI Number: 59-1966537

Certificate of Status Desired: No

03/03/2018

FILED Mar 03, 2018 Secretary of State CC3292299917

Date

Date