

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715161

**Entity Name:** LEISURE TOWERS ASSOCIATION, INC.**Current Principal Place of Business:**1500 S. OCEAN BLVD.  
POMPANO BEACH, FL 33062**Current Mailing Address:**1500 S. OCEAN BLVD.  
POMPANO BEACH, FL 33062**FEI Number:** 59-1298030**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PALMER, BERNADETTE  
C/O LEISURE TOWERS OFFICE  
1500 SOUTH 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	D, TREASURER
Name	SALERNO, RAMO
Address	1500 S. OCEAN BLVD, #804
City-State-Zip:	POMPANO BEACH FL 33062

Title	D, SECRETARY
Name	CONDRA, GARY
Address	1500 S. OCEAN BLVD, #208
City-State-Zip:	POMPANO BEACH FL 33062

Title	DIRECTOR
Name	PALEY, GARY
Address	1500 S. OCEAN BLVD. #802
City-State-Zip:	POMPANO BCH FL 33062

Title	D, PRESIDENT
Name	SMITH, ALLEN
Address	1500 S. OCEAN BLVD. #1608
City-State-Zip:	POMPANO BEACH FL 33062

Title	D, VP
Name	LEININGER, MIKE
Address	1500 S. OCEAN BLVD. #902
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:** GARY CONDRA

SECRETARY

03/06/2014

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