

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 US

**FEI Number:** 59-1298030

**Certificate of Status Desired:** No

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

BECKER & POLIAKOFF  
1 EAST BROWARD BOULEVARD  
SUITE 1800  
FORT 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:** KENNETH DIREKTOR

04/19/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           CROUMER, NATHAN  
Address        1500 S. OCEAN BLVD.  
City-State-Zip: POMPANO BEACH FL 33062

Title            VP  
Name           YAKOUB, MITRA  
Address        1500 S. OCEAN BLVD.  
City-State-Zip: POMPANO BEACH FL 33062

Title            TREASURER  
Name           GOLDSZLAGER, HERMAN  
Address        1500 S. OCEAN BLVD.  
City-State-Zip: POMPANO BEACH FL 33062

Title            SECRETARY  
Name           TOTILLO, RAYMOND  
Address        1500 S. OCEAN BLVD.  
City-State-Zip: POMPANO BEACH FL 33062

Title            DIRECTOR  
Name           STORMS, ROGER  
Address        1500 S. OCEAN BLVD.  
City-State-Zip: POMPANO BEACH FL 33062

Title            DIRECTOR  
Name           TARLOW, DAVID  
Address        1500 S. OCEAN BLVD.  
City-State-Zip: POMPANO BEACH FL 33062

Title            DIRECTOR  
Name           KOSTICH, LINDA  
Address        1500 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:** MITRA YAKOUB

VP

04/19/2022

Electronic Signature of Signing Officer/Director Detail

Date