

**2018 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:**

BECKER & POLIAKOFF PA  
1 EAST BROWARD BLVD STE 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

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

Title           DIRECTOR  
Name           NADER, CAROLE  
Address        1500 S. OCEAN BLVD, #1006  
City-State-Zip: POMPANO BEACH FL 33062

Title           DIRECTOR  
Name           MOLLER, WILLIAM  
Address        1500 S. OCEAN BLVD. #906  
City-State-Zip: POMPANO BCH FL 33062

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

Title           VP, SECRETARY, DIRECTOR  
Name           LEININGER, MIKE  
Address        1500 S. OCEAN BLVD. #902  
City-State-Zip: POMPANO BEACH FL 33062

Title           DIRECTOR  
Name           LIBERATORE, LINDA  
Address        1500 S. OCEAN BLVD. #1102  
City-State-Zip: POMPANO BEACH FL 33062

Title           DIRECTOR  
Name           RICE, STEWART  
Address        1500 S. OCEAN BLVD. #707  
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: MIKE LEININGER**

**SECRETARY**

**03/26/2018**

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

\_\_\_\_\_  
Date