

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715782

Entity Name: LEISURE HOUSE ASSOCIATION, INC.

FILED
Feb 15, 2024
Secretary of State
7172023066CC

Current Principal Place of Business:

C/O OASIS COMMUNITY MANAGEMENT
5100 W COPANS ROAD, STE 810
MARGATE, FL 33063

Current Mailing Address:

C/O OASIS COMMUNITY MANAGEMENT
5100 W COPANS ROAD, STE 810
MARGATE, FL 33063 US

FEI Number: 59-1356509

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAYE BENDER REMBAUM, P.L.
140 S. UNIVERSITY DR. SUITE B
PLANTATION, FL 33324 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: EMILY E. GANNON, ESQ.

02/15/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HASSAN, MAGDY
Address C/O OASIS COMMUNITY
 MANAGEMENT
 5100 W COPANS ROAD, STE 810
City-State-Zip: MARGATE FL 33063

Title VP
Name PIMENTEL, RICARDO
Address C/O OASIS COMMUNITY
 MANAGEMENT
 5100 W COPANS ROAD, STE 810
City-State-Zip: MARGATE FL 33063

Title SECRETARY
Name STALKER, MURIEL
Address C/O OASIS COMMUNITY
 MANAGEMENT
 5100 W COPANS ROAD, STE 810
City-State-Zip: MARGATE FL 33063

Title TREASURER
Name CACCAVELLI, ANTONIO
Address C/O OASIS COMMUNITY
 MANAGEMENT
 5100 W COPANS ROAD, STE 810
City-State-Zip: MARGATE FL 33063

Title DIRECTOR
Name CLARK, JOAN
Address C/O LEISURE HOUSE ASSOCIATION,
 INC
 3000 RIOMAR STREET UNIT 303
City-State-Zip: FT. LAUDERDALE FL 33304

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: MURIEL STALKER

SECRETARY

02/15/2024

Electronic Signature of Signing Officer/Director Detail

Date