

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90049 032 \*\*\*150.00

**DOCUMENT # 594224**

1. Corporation Name

**LEISURE TIME POOLS, INC.**

Principal Place of Business

**5940 S.W. 17TH COURT  
PLANTATION FL 33317**

Mailing Address

**5940 S.W. 17TH COURT  
PLANTATION FL 33317**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/27/1978**

4. FEI Number

**59-1870258**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution ~

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

**21 9061 N. PARK CIRCLE**

2a. Mailing Address

**26 9061 N. PARK CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23 DAVIE, FLORIDA**

**28 DAVIE, FLORIDA**

Zip **33328**

Country

Zip **33328**

Country

**24** **25 BROWARD**

**29 33328 30 BROWARD**

9. Name and Address of Current Registered Agent

**MORDENTE, PHILIP  
5940 S.W. 17TH COURT  
PLANTATION FL 33317**

10. Name and Address of New Registered Agent

81 Name

**MORDENTE, PHILIP**

82 Street Address (P.O. Box Number is Not Acceptable)

**9061 N. PARK CIRCLE**

83

84 City

**PLANTATION**

**FL**

85 Zip Code

**33328**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P  
MORDENTE, PHILIP  
5940 S.W. 17 COURT  
PLANTATION FL**

TITLE ☐ DELETE

**ST  
MORDENTE, JEANETTE  
5940 S.W. 17 COURT  
PLANTATION FL**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

**P  
MORDENTE, PHILIP  
9061 N. PARK CIRCLE  
PLANTATION, FL 33328**

2.1 TITLE ☐ Change ☐ Addition

**ST  
MORDENTE, JEANETTE  
9061 N. PARK CIRCLE  
PLANTATION FL 33328**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition

**6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

(954) 963-7946

Date

Daytime Phone #

CR2E034 (11/98)