

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710703

FILED
Apr 02, 2009
Secretary of State

Entity Name: LEISURE BY THE SEA ASSOCIATION, INC.

Current Principal Place of Business:

238 HIBISCUS AVE
#105
LAUDERDALE BY SEA, FL 33308

New Principal Place of Business:

Current Mailing Address:

C/O CATLIN FINANCIAL SERVICES, LLC
6615 W. BOYNTON BEACH BLVD #397
BOYNTON BEACH, FL 33437 US

New Mailing Address:

FEI Number: 59-1148023 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATLIN FINANCIAL SERVICES LLC
6615 W. BOYNTON BEACH BLVD
#397
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: RATTIGAN, MARIE
Address: 220 HIBISCUS AVE # 207
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: PRES () Delete
Name: SCHROCK, CRAIG
Address: 238 HIBISCUS AVE. #226
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: D () Delete
Name: GLANCY, PETER
Address: 240 HIBISCUS AVE #111
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: TRES () Delete
Name: GILMORE, TIMOTHY
Address: 238 HIABISCUS AVE # 228
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: SEC () Delete
Name: ASLANIAN, MARY ANN
Address: 238 HIBISCUS AVE # 125
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change () Addition
Name: GREELEY, JAMES
Address: 238 HIABISCUS AVE # 329
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CRAIG SCHROCK

PRES

04/02/2009

Electronic Signature of Signing Officer or Director

Date