


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90019 034 \*\*\*\*61.25

<b>DOCUMENT # 711851</b>	
1. Entity Name <b>LEISURE GARDENS ASSOCIATION, INC.</b>	

Principal Place of Business <b>1481 SOUTH OCEAN BLVD. LAUDERDALE BY THE SEA FL 33062</b>	Mailing Address <b>2626 E. COMMERCIAL BLVD 4 FORT LAUDERDALE FL 33308</b>
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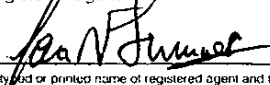
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number <b>59-1204946</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>NIEMI, FORREST 1481 S OCEAN BLVD APT #417 LAUDERDALE BY THE SEA FL 33062</b>		7. Name and Address of New Registered Agent Name <b>Management Assist. Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>2626 E. Commercial Blvd</b> <b>4</b> City <b>FORT Lauderdale</b> <b>FL</b> Zip Code <b>33308</b>	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **3-3-2006**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOCCHETTA, ROBERT 1481 S. OCEAN BLVD #138 LAUDERDALE BY THE SEA FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOCCHETTA, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, VICTOR 1481 S OCEAN BLVD LAUDERDALE BY THE SEA FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FRESSILLI, MARIE 1481 S. OCEAN BLVD #132 LAUDERDALE BY THE SEA FL 33062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D FORREST, NIEMI 1481 S OCEAN BLVD #417 LAUDERDALE BY THE SEA FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOERNING, ROBERT 1481 S. OCEAN BLVD #306 LAUDERDALE BY THE SEA FL 33062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONCAR, CLARA 1481 S OCEAN BLVD LAUDERDALE BY THE SEA FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, THOMAS 1481 S. OCEAN BLVD #238 LAUDERDALE BY THE SEA FL 33062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D CARROLL, PAULA 1481 S OCEAN BLVD LAUDERDALE BY THE SEA FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, KEN 1481 S. OCEAN BLVD #420 LAUDERDALE BY THE SEA FL 33062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D NIEMI, JAMES 1481 S OCEAN BLVD APT #516 LAUDERDALE BY THE SEA FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROGERS, DAWN 1481 S. OCEAN BLVD #220 LAUDERDALE BY THE SEA FL 33062 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **354**