FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **712829** **(1)**

1. Corporation Name

EAST LEISURE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4117 BOUGAINVILLA DR. LAUDERDALE BY THE SEA FL 33308	P.O. BOX 7503 FT. LAUDERDALE FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/26/1967**
3a. Date of Last Report: **04/29/1994**
4. FEI Number: **59-1229920** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 **33338** / 30

9. Name and Address of Current Registered Agent

CABOT MANAGEMENT & MARKETING, INC.
2701 E. SUNRISE BLVD., SUITE 301
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (X)	
TITLE	PD	51 TITLE	☒ Change ☐ Addition
NAME	SPARROW, ROBERT	52 NAME	D
STREET ADDRESS	4117 BOUGAINVILLA DRIVE	53 STREET ADDRESS	
CITY ST ZIP	LAUDERDALE BY THE SE	54 CITY ST ZIP	
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	CLARK, HARRY	22 NAME	T,D
STREET ADDRESS	4117 BOUGAINVILLA DRIVE	23 STREET ADDRESS	BARD, ROBERT 4117 BOUGAINVILLA DR., #407
CITY ST ZIP	LAUDERDALE BY THE SE	24 CITY ST ZIP	LAUDERDALE-BY-THE-SEA,FL 33308
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	FERGUSON, EUGENE	32 NAME	S.D. SCHRAEDER, EUGENE
STREET ADDRESS	4117 BOUGAINVILLA DRIVE	33 STREET ADDRESS	4117 BOUGAINVILLA DR., #405
CITY ST ZIP	LAUDERDALE BY THE SE	34 CITY ST ZIP	LAUDERDALE-BY-THE-SEA, FL 33308
TITLE	SD	41 TITLE	☒ Change ☐ Addition
NAME	NUZZI, PASQUALE	42 NAME	VP,D
STREET ADDRESS	4117 BOUGAINVILLA DRIVE	43 STREET ADDRESS	
CITY ST ZIP	LAUDERDALE BY THE SE	44 CITY ST ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	CORASANITI, JOHN	52 NAME	P,D
STREET ADDRESS	4117 BOUGAINVILLA DRIVE	53 STREET ADDRESS	
CITY ST ZIP	LAUDERDALE BY THE SE	54 CITY ST ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	WILSON, MURIEL	62 NAME	
STREET ADDRESS	4117 BOUGAINVILLA DR.	63 STREET ADDRESS	
CITY ST ZIP	LAUDERDALE BY THE SEA	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John A Corasaniti 04/27/95 (305) 561-8565
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
John A Corasaniti

0047506