


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90338 014 ****61.25

DOCUMENT # 712829 1. Entity Name EAST LEISURE ASSOCIATION, INC.					
Principal Place of Business 4117 BOUGAINVILLE DR. LAUDERDALE BY THE SEA, FL 33308				Mailing Address P.O. BOX 7503 FT. LAUDERDALE, FL 33338 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1229920	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CABOT MANAGEMENT & MARKETING, INC. 2727 E OAKLAND PARK BLVD FT. LAUDERDALE, FL 33306				7. Name and Address of New Registered Agent Name Cabot Management & Marketing, Inc. Street Address (P.O. Box Number is Not Acceptable) 2727 E. Oakland Park Blvd. #301 City Ft. Lauderdale FL Zip Code 33306	
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 <u><i>Reed J. Stiedler, Agent Cabot Management</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when installing)</small>				DATE 4-26-04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERGUSON, EUGENE		NAME		
STREET ADDRESS	4117 BOUGAINVILLE DR., #314		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE BY-THE-SEA, FL 33308		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLTZ, THOMAS		NAME		
STREET ADDRESS	4117 BOUGAINVILLE DR., #306		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE BY-THE-SEA, FL 33308		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HULSE, JOE		NAME		
STREET ADDRESS	4117 BOUGAINVILLE DR., #410		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE BY-THE-SEA, FL 33308		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICHOLLS, GARY		NAME		
STREET ADDRESS	4117 BOUGAINVILLE DR 512		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33308		CITY-ST-ZIP		
TITLE	ASD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINEGAN, ROBERT		NAME		
STREET ADDRESS	4117 BOUGAINVILLE DR #303		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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: <u><i>Gary W. Nichols</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-26-04		
			Daytime Phone # 954-561-8565		