


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90181 024 ****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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04212008 Chg-NP CR2E037 (12/06)

City & State	City & State
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4. FEI Number 59-1229920	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CABOT MANAGEMENT & MARKETING, INC. 2727 E OAKLAND PARK BLVD 301 FT. LAUDERDALE, FL 33306	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	ASD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FERGUSON, EUGENE			NAME	BUTLER, JR., THOMAS		
STREET ADDRESS	4117 BOUGAINVILLE DR., #103			STREET ADDRESS	4117 BOUGAINVILLE DR. #307		
CITY-ST-ZIP	LAUDERDALE BY-THE-SEA, FL 33308			CITY-ST-ZIP	LAUDERDALE BY-THE-SEA, FL 33308		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLTZ, THOMAS			NAME			
STREET ADDRESS	4117 BOUGAINVILLE DR., #301			STREET ADDRESS			
CITY-ST-ZIP	LAUDERDALE BY-THE-SEA, FL 33308			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HULSE, JOE			NAME			
STREET ADDRESS	4117 BOUGAINVILLE DR., #501			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	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FINEGAN, ROBERT			NAME			
STREET ADDRESS	4117 BOUGAINVILLE DR. #303			STREET ADDRESS			
CITY-ST-ZIP	LAUDERDALE BY-THE-SEA, 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 exemptions contained 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 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: *Robert L. Finegan* *Robert L. Finegan* *4/29/08* *954.561.8565*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #