

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714545

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: LEISUREVILLE FAIRWAY TWELVE ASSOCIATION, INC.

**Current Principal Place of Business:**

2751 EAST GOLF BLVD.  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

2751 EAST GOLF BLVD.  
POMPANO BEACH, FL 33064

**New Mailing Address:**

FEI Number: 59-1971261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAYSON, JOHN C  
LAW OFFICES OF JOHN C. RAYSON  
2ND FL., 2400 E. OAKLAND PARK BLVD  
FT. LAUDERDALE, FL 33306 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: PD ( ) Delete  
Name: BIRD, LINDA W  
Address: 2751 E GOLF BLVD # 1026  
City-St-Zip: POMPANO BEACH, FL 33064

Title: SD ( ) Delete  
Name: CICCHETTI, ROSE  
Address: 2751 E. GOLF BLVD. #2024  
City-St-Zip: POMPANO BEACH, FL 33064

Title: TD ( ) Delete  
Name: COLE, TERRI  
Address: 2751 E. GOLF BLVD. #1023  
City-St-Zip: POMPANO BEACH, FL 33064

Title: VD ( ) Delete  
Name: GAUTHIER, NICOLE  
Address: 2751 E GOLF BLVD # 1027  
City-St-Zip: POMPANO BEACH, FL 33064

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GAUTHIER, NICOLE  
Address: 2751 E GOLF BLVD # 1027  
City-St-Zip: POMPANO BEACH, FL 33064

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

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

Title: VD (X) Change ( ) Addition  
Name: LARACQUE, LAURIE  
Address: 2751 E GOLF BLVD # 2026  
City-St-Zip: POMPANO BEACH, FL 33064

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: NICOLE GAUTHIER

PD

03/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date