

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 715006 (3)  
1. Corporation Name  
LEISUREVILLE FAIRWAY ELEVEN ASSOCIATION, INC.



Principal Place of Business Mailing Address  
2701 EAST GOLF BLVD. 2701 EAST GOLF BLVD.  
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064

3. Date Incorporated or Qualified 07/25/1968 3a. Date of Last Report 04/27/1995  
4. FEI Number 59-1970441 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  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

HUBERT, JOSEPH A  
2400 E COMMERCIAL BLVD.  
FT LAUDERDALE FL 33308

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE  
NAME JOHNSTON, OLGA W.  
STREET ADDRESS 100 NW 27 ST.  
CITY-ST-ZIP POMPANO BCH FL  
TITLE VD ☐ DELETE  
NAME HUMPHREYS, PAT L  
STREET ADDRESS 2701 E GOLF BLVD  
CITY-ST-ZIP POMPANO BCH FL  
TITLE PD ☒ DELETE  
NAME DEBELLIS, MARTIN M  
STREET ADDRESS 2701 E GOLF BLVD  
CITY-ST-ZIP POMPANO BCH FL  
TITLE TD ☐ DELETE  
NAME WADSWORTH, WILFRED  
STREET ADDRESS 2701 E. GOLF BLVD  
CITY-ST-ZIP POMPANO BEACH FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE PD ☒ Change ☐ Addition  
3.2 NAME PUGH, CONNIE  
3.3 STREET ADDRESS 2701 E GOLF BLVD #1016  
3.4 CITY-ST-ZIP POMPANO BCH FL  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

954-946-5279

Date

Desktop Phone #

CR2E037 (12/95)