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May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 2701 EAST GOLF BLVD. POMPANO BEACH FL 33064
Mailing Address: 2701 EAST GOLF BLVD. POMPANO BEACH FL 33064-3700

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 07/25/1968
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-1970441
6. 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

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: S. HOWARD ORNER, P.A.
82 Street Address: 2868 UNIVERSITY DR. STE 110
83 City: CORAL SPRINGS, FL 33065
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]* S. Howard Orner 4/22/97
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	NAME: JOHNSTON, OLGA W.	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: S/T/D
STREET ADDRESS: 100 NW 27 ST.	CITY-ST-ZIP: POMPANO BCH FL		1.2 NAME: JOHNSTON, OLGA W.
			1.3 STREET ADDRESS: 100 NW 27 st.
			1.4 CITY-ST-ZIP: POMPANO BCH FL
TITLE: VD	NAME: HUMPHREYS, PAT L	<input type="checkbox"/> DELETE	2.1 TITLE:
STREET ADDRESS: 2701 E GOLF BLVD	CITY-ST-ZIP: POMPANO BCH FL		2.2 NAME:
			2.3 STREET ADDRESS:
			2.4 CITY-ST-ZIP:
TITLE: PD	NAME: PUGH, CONNIE	<input type="checkbox"/> DELETE	3.1 TITLE:
STREET ADDRESS: 2701 E. GOLF BLVD. #1016	CITY-ST-ZIP: POMPANO BCH FL		3.2 NAME:
			3.3 STREET ADDRESS:
			3.4 CITY-ST-ZIP:
TITLE: TD	NAME: WADSWORTH, WILFRED	<input checked="" type="checkbox"/> DELETE	4.1 TITLE:
STREET ADDRESS: 2701 E. GOLF BLVD	CITY-ST-ZIP: POMPANO BEACH FL		4.2 NAME:
			4.3 STREET ADDRESS:
			4.4 CITY-ST-ZIP:
TITLE:	NAME:	<input type="checkbox"/> DELETE	5.1 TITLE:
STREET ADDRESS:	CITY-ST-ZIP:		5.2 NAME:
			5.3 STREET ADDRESS:
			5.4 CITY-ST-ZIP:
TITLE:	NAME:	<input type="checkbox"/> DELETE	6.1 TITLE:
STREET ADDRESS:	CITY-ST-ZIP:		6.2 NAME:
			6.3 STREET ADDRESS:
			6.4 CITY-ST-ZIP:

14. I do 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 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]* OLGA W. JOHNSTON 4/24/97 954-946-5279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021993

CR2E037 (9/96)