

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 07/25/1968	4. FEI Number 59-1970441	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ORNER, HOWARD S P.A.
 2955 UNIVERSITY DR
 STE. 110
 CORAL SPRINGS FL 33065**

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

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	JOHNSTON, OLGA W	
STREET ADDRESS	100 N.W. 27 ST	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUMPHREYS, PAT L	
STREET ADDRESS	2701 E GOLF BLVD	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PUGH, CONNIE	
STREET ADDRESS	2701 E. GOLF BLVD. #1016	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Johnston, Olga W.	
1.3 STREET ADDRESS	100 N.W. 27th St.	
1.4 CITY-ST-ZIP	Pompano Beach, FL 33064	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Pugh, Russell	
3.3 STREET ADDRESS	2701 E. Golf Blvd. 1016	
3.4 CITY-ST-ZIP	Pompano Beach, FL 33064	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mary Borndale	
4.3 STREET ADDRESS	2701 E. Golf Blvd #2008	
4.4 CITY-ST-ZIP	Pompano Beach, FL 33064	
5.1 TITLE	Asst. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Marion Shields	
5.3 STREET ADDRESS	2701 E. Golf Blvd 2010	
5.4 CITY-ST-ZIP	Pompano Beach, FL 33064	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: *Olga W. Johnston* **Olga W. Johnston 1-5-98 954-946-5279**

CR2E037 (10/97)