


FILE NOW: FILING FEE IS \$61.25

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90287 002 ***980.00

0026382

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 715006

1. Corporation Name
LEISUREVILLE FAIRWAY ELEVEN ASSOCIATION, INC.

Principal Place of Business 2701 EAST GOLF BLVD. #2012 POMPANO BEACH FL 33064-3700	Mailing Address 2701 EAST GOLF BLVD. #2012 POMPANO BEACH FL 33064-3700
---	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/25/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1970441
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ORNER, HOWARD S P.A.
2855 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
85 Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	JOHNSTON, OLGA W	
STREET ADDRESS	100 N.W. 27 ST	
CITY-ST-ZIP	POMPANO BCH FL 33064	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUMPHREYS, PAT L	
STREET ADDRESS	2701 E GOLF BLVD	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PUGH, RUSSELL	
STREET ADDRESS	2701 E. GOLF BLVD. #1016	
CITY-ST-ZIP	POMPANO BCH FL 33064	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BORNDALE, MARY	
STREET ADDRESS	2701 E GOLF BLVD #2008	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	SHIELDS, M	
STREET ADDRESS	2701 E GOLF BLVD #2010	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KERR, ELEANOR
3.3 STREET ADDRESS	2701 E. GOLF BLVD., #2013
3.4 CITY-ST-ZIP	POMPANO BCH FL 33064
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MILLER, ALICE LOUISE
4.3 STREET ADDRESS	2701 E GOLF BLVD #1016
4.4 CITY-ST-ZIP	POMPANO BEACH FL 33064
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: *Olga Johnston* **SIGNATURE REQUIRED** 4/23/99 954-946-5279
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (11/98)