

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

05-06-1999 90287 002 ***980.00

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

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, OLGA W	1.2 NAME	
STREET ADDRESS	100 N.W. 27 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33064	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMPHREYS, PAT L	2.2 NAME	
STREET ADDRESS	2701 E GOLF BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	2.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUGH, RUSSELL	3.2 NAME	KERR, ELEANOR
STREET ADDRESS	2701 E. GOLF BLVD. #1016	3.3 STREET ADDRESS	2701 E. GOLF BLVD., #2013
CITY-ST-ZIP	POMPANO BCH FL 33064	3.4 CITY-ST-ZIP	POMPANO BCH FL 33064
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORNDAL, MARY	4.2 NAME	MILLER, ALICE LOUISE
STREET ADDRESS	2701 E GOLF BLVD #2008	4.3 STREET ADDRESS	2701 E GOLF BLVD #1016
CITY-ST-ZIP	POMPANO BEACH FL 33064	4.4 CITY-ST-ZIP	POMPANO BEACH FL 33064
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIELDS, M	5.2 NAME	
STREET ADDRESS	2701 E GOLF BLVD #2010	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

954-946-5279

Daytime Phone #

CR2E037 (11/98)