

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90301 001 ***980.00

DOCUMENT # 715006

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1970441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORNER, HOWARD S P.A.
2855 UNIVERSITY DR
STE. 110
CORAL SPRINGS FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☐ Delete
NAME JOHNSTON, OLGA W
STREET ADDRESS 100 N.W. 27 ST
CITY-ST-ZIP POMPANO BCH FL 33064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME WADSWORTH, WILFRED C
STREET ADDRESS 2701 E. GOLF BLVD., #1008
CITY-ST-ZIP POMPANO BCH FL

TITLE VD ☒ Change ☐ Addition
NAME MCLOUGHLIN, PATRICIA M.
STREET ADDRESS 2701 E. GOLF BLVD., #2014
CITY-ST-ZIP POMPANO BCH FL

TITLE PD ☐ Delete
NAME KERR, ELEANOR
STREET ADDRESS 2701 E GOLF BLVD #2013
CITY-ST-ZIP POMPANO BCH FL 33064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME MILLER, ALICE LOUISE
STREET ADDRESS 2701 E GOLF BLVD #1016
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AT ☒ Delete
NAME SHIELDS, M
STREET ADDRESS 2701 E GOLF BLVD #2010
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia M. McLoughlin
Patricia M. McLoughlin

4/26/01

954-785-4974

Date

Daytime Phone #

CR2E037 (10/00)