


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90353 001 ***980.00

DOCUMENT # 715006
1. Entity Name
LEISUREVILLE FAIRWAY ELEVEN ASSN., INC.



DO NOT WRITE IN THIS SPACE

66416181

2. Principal Place of Business
2701 E GOLF BLVD
Suite, Apt. #, etc.

3. Mailing Address
2701 E GOLF BLVD #2013
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
POMPANO BEACH FL

City & State
POMPANO BEACH FL

Zip
33064

Country

Zip
33064

Country

4. FEI Number **59-1970441**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **POLIAKOFF, GARY A**

Street Address (P.O. Box Number is Not Acceptable) **BECKER & POLIAKOFF P.A.
3111 STIRLING ROAD**

City **FT. LAUDERDALE** **FL** Zip Code **33312**

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. I am familiar with, and accept the obligations of registered agent.

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

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KERR, ELEANOR 2701 E GOLF BLVD #2013 POMPANO BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROWN, SUSAN B 2701 E GOLF BLVD #1014 POMPANO BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, ALYCE LOUISE 2701 E GOLF BLVD #1016 POMPANO BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCLOUGHLIN, PATRICIA M 2701 E GOLF BLVD #2014 POMPANO BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Alyce Louise Miller* 4/26/04 954-784-9174

CR2E037B (12/02)