

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90604 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**

**66012491**



2. Principal Place of Business

3. Mailing Address

03032005 Chg-NP CR2E037 (10/03)

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

**POLIAKOFF, GARY A  
BECKER & POLIAKOFF, P.A.  
3111 STIRLING ROAD  
FT. LAUDERDALE, FL 33312**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

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 **STD** ☒ Delete  
NAME **BROWN, SUSAN B**  
STREET ADDRESS **2701 E. GOLF BLVD. #1014**  
CITY-ST-ZIP **POMPANO BCH, FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VD** ☒ Change ☐ Addition  
NAME **SCHAVE, ANNA M**  
STREET ADDRESS **2701 E. GOLF BLVD.#2011**  
CITY-ST-ZIP **POMPANO BCH, FL**

TITLE **PD** ☒ Change ☐ Addition  
NAME **BROWN, SUSAN B**  
STREET ADDRESS **2701 E GOLF BLVD.#1014**  
CITY-ST-ZIP **POMPANO BCH, FL 33064**

TITLE **ATD** ☐ Change ☒ Addition  
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 ☐ 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. McLaughlin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**954-785-4974**

Date

Daytime Phone #