

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

04-14-2006 90T66 001 \*\*\*980.00  
715006

FILED

06 APR 20 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/05)

<b>DOCUMENT # 715006</b>					
1. Entity Name <b>LEISUREVILLE FAIRWAY ELEVEN ASSOCIATION, INC.</b>					
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 <b>59-1970441</b>	Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent  <b>POLIAKOFF, GARY A BECKER &amp; POLIAKOFF, P.A. 3111 STIRLING ROAD FT. LAUDERDALE FL 33312</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-issuing) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, SUSAN B 2701 E. GOLF BLVD. #1014 POMPANO BCH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCCLOUGHLIN, PATRICIA M 2701 E GOLF BLVD #2014 POMPANO BCH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY QUIGLEY, BONITA 46 2701 E. GOLF BLVD #1010 POMPANO BCH, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHAVE, ANNA M 2701 E GOLF BLVD, #2011 POMPANO BCH FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD MILLER, ALICE LOUISE 2701 E GOLF BLVD #1016 POMPANO BEACH FL 33064	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HELEN LIVINGSTON 2701 E. GOLF BLVD # 1012 POMPANO BCH FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JEANNINE GRAHAM # 2017 POMPANO BCH FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>[Signature]</i>		SUSAN B. BROWN		2/7/06 954-943-1399	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	