


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 715006 1. Entity Name LEISUREVILLE FAIRWAY ELEVEN ASSOCIATION, INC.	
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FILED
07 APR 30 PM 3: 51

Principal Place of Business 2701 EAST GOLF BLVD. #2011 POMPANO BEACH FL 33064-3700	Mailing Address 2701 EAST GOLF BLVD. #2011 POMPANO BEACH FL 33064-3700
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2701 E. GOLF BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 1017
City & State	City & State POMPANO BEACH FL
Zip	Zip 33064
Country	Country BROWARD

1st MOORE CR2E037 (10/06)

4. FEI Number 59-1970441	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POLIAKOFF, GARY A BECKER & POLIAKOFF, P.A. 3111 STIRLING ROAD FT. LAUDERDALE FL 33312	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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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	SECRETARY / TREASURER / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S QUIGLEY, BONITA C/O 2701 E GOLF BLVD POMPANO BEACH FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2701 E. GOLF BLVD #1017
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCHAVE, ANNA M 2701 E GOLF BLVD, #2011 POMPANO BCH FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300103009263 05/22/07--01021--001 **990.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LIVINGSTON, HELEN 2701 E GOLF BLVD #1012 POMPANO BEACH FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VP / D EARL GRAHAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <div style="font-size: 2em; font-family: cursive;">\$35/8</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR HANK BJORKLUND 2701 E. GOLF BLVD #2012 POMPANO BEACH FL 33064

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: Susan B. Brown **SUSAN B. BROWN** 1/30/07 954-520-1191
Signature and typed or printed name of signing officer or director Date Daytime Phone #