

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

04-07-2008 90222 001 918.75  
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1st MOORE CR2E037 (10/07)

<b>DOCUMENT # 715006</b>					
1. Entity Name <b>LEISUREVILLE FAIRWAY ELEVEN ASSOCIATION, INC.</b>					
Principal Place of Business 2701 EAST GOLF BLVD. POMPANO BEACH FL 33064-3700			Mailing Address 2701 E GOLF BLVD #1017 POMPANO BEACH FL 33064		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1970441</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RAYSON, JOHN C LAW OFFICES OF JOHN C. RAYSON 2ND FL., 2400 E. OAKLAND PARK BLVD FT. LAUDERDALE FL 33306</b>			7. Name and Address of New Registered Agent Name: <b>Schmer, Larry E.</b> Street Address (P.O. Box Number is Not Acceptable): <b>Law Office Larry E. Schmer</b> <b>750 South Dixie Highway</b> City: <b>Boca Raton</b> FL Zip Code: <b>33432</b>		
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: <b>MARCH 24, 2008</b>		(NOTE: This signed agent report is required when registering)	
<b>FILE NOW - FEE IS \$61.25 Due By May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make Check Payable to: <b>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	<b>STD BROWN, SUSAN B 2701 E. GOLF BLVD. #1014 POMPANO BCH FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>07/4/17</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PD QUIGLEY, BONITA 2701 E GOLF BLVD #1017 POMPANO BEACH FL 33064</b>	<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	<b>VD GRAHAM, EARL 2701 E GOLF BLVD #2017 POMPANO BEACH FL 33064</b>	<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	<b>D BORKLUND, HANK PATT McLaughlin 2701 EAST GOLF BLVD. #20124 POMPANO BEACH FL 33064-3700</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Director PATT McLaughlin 2701 E. Golf Blvd #2014 Pompano Beach, FL 33064-3700</b>	
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	
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:		954-786-5361		Date: <b>2/8/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	