

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

04-07-2008 90222 001 ***918.75
715008

DOCUMENT # 715008 1. Entity Name LEISUREVILLE FAIRWAY NINE ASSOCIATION, INC.				FILED 08 APR 17 PM 1:22 SECRETARY OF STATE	
Principal Place of Business 251 SOUTH GOLF BLVD. POMPANO BEACH FL 33064		Mailing Address 251 SOUTH GOLF BLVD. POMPANO BEACH FL 33064			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		1st MOORE CR2E037 (10/07)	
Suite, Apt. #, etc. APT # 288		Suite, Apt. #, etc. APT. 288		4. FEI Number 59-1967057	
City & State		City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Name and Address of Current Registered Agent	
RAYSON, JOHN C LAW OFFICES OF JOHN C. RAYSON 2ND FL., 2400 E. OAKLAND PARK BLVD FT. LAUDERDALE FL 33306		7. Name and Address of New Registered Agent			
		Name Schmer, Larry E.			
		Street Address (P.O. Box Number is Not Acceptable) Law Office Larry E. Schmer			
		150 South Dixie Highway			
		City Boca Raton		FL Zip Code 33432	
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 <i>Larry E. Schmer P.A.</i>				DATE MARCH 24, 2008	
Signature typed or printed name of registered agent and full legal name.		(NOTE: Registered Agent signature is not required for registration)		DATE	
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE SD	NAME HOLMES, BARBARA	<input checked="" type="checkbox"/> Delete	TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 251 S GOLF BLVD #292	CITY-ST-ZIP POMPANO BCH FL		NAME JAMES RALSTON	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 251 S GOLF BLVD. #294	CITY-ST-ZIP POMPANO BCH FL		STREET ADDRESS 251 S GOLF BLVD # 293	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP POMPANO BCH FL			CITY-ST-ZIP POMPANO BCH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD	NAME KAMINSKY, JOSEPH W	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 251 S GOLF BLVD # 291	CITY-ST-ZIP POMPANO BEACH FL		NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP POMPANO BEACH FL			STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP POMPANO BEACH FL			CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD	NAME KAMINSKY, CAROLE	<input checked="" type="checkbox"/> Delete	TITLE JUDY McCLOSKEY - PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 251 S GOLF BLVD. #294	CITY-ST-ZIP POMPANO BCH FL		NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP POMPANO BCH FL			STREET ADDRESS 251 S. GOLF BLVD # 288	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP POMPANO BCH FL			CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP POMPANO BCH FL			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>Joseph W. Kaminsky</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOSEPH W. KAMINSKY		DATE 4/8/08
			DATE 4/8/08		DAYTIME PHONE # 954-791-5403