2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# 715008

Entity Name: LEISUREVILLE FAIRWAY NINE ASSOCIATION, INC.

Current Principal Place of Business:

251 SOUTH GOLF BLVD.
APT #288
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

251 SOUTH GOLF BLVD.
APT #288
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 59-1967057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHNER, LARRY E
LAW OFFICES OF LARRY E. SCHNER, PA
250 SOUTH DIXIE HIGHWAY
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	RALSTON, JAMES	
Address:	251 S GOLF BLVD #293	
City-St-Zip:	POMPANO BCH, FL	
Title:	PD	( ) Delete
Name:	KAMINSKY, JOSEPH W	
Address:	251 S GOLF BLVD., #294	
City-St-Zip:	POMPANO BCH, FL	
Title:	VD	( ) Delete
Name:	PERRON, LEO	
Address:	251 S GOLF BLVD # 291	
City-St-Zip:	POMPANO BEACH, FL	
Title:	T	( ) Delete
Name:	MCCLOSKEY, JUDY	
Address:	251 S GOLF BLVD., #288	
City-St-Zip:	POMPANO BCH, FL	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	( ) Change (X) Addition
Name:	ROWLAND, GLORIA	
Address:	251 S. GOLF BLVD #191	
City-St-Zip:	POMPANO BEACH, FL 33064	
Title:	D	( ) Change (X) Addition
Name:	HOLMES, MIKE	
Address:	251 S GOLF BLVD #293	
City-St-Zip:	POMPANO BEACH, FL 33064	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE KAMINSKY PD 04/21/2009

Electronic Signature of Signing Officer or Director — Date