

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 APR 17 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 715009 1. Entity Name: LEISUREVILLE FAIRWAY EIGHT ASSOCIATION, INC.					
Principal Place of Business 301 SOUTH GOLF BLVD POMPANO BEACH, FL 33064			Mailing Address 301 SOUTH GOLF BLVD POMPANO BEACH, FL 33064		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1966537	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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: <u>Schnee, Larry E.</u> Street Address (P.O. Box Number is Not Acceptable): <u>Law Office Larry E. Schnee</u> <u>750 South Dixie Highway</u> City: <u>Boca Raton</u> FL Zip Code: <u>33432</u>	
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: <u>[Signature]</u> P.A. DATE: <u>MARCH 24, 2008</u> Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD MORTON, MARY 301 SOUTH GOLF BLVD #173 POMPANO BEACH, FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRAINERD, DOROTHY 301 S. GOLF BLVD. #281 POMPANO BEACH, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition <u>D Medina, Bianca</u> <u>301 S Golf Blvd #275</u> <u>Pompano Beach FL 33064</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GEAR, MARILYN K 301 S GOLF BLVD #279 POMPANO BEACH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition <u>[Signature]</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORLASTO, CAROLYN 301 S. GOLF BLVD. #277 POMPANO BEACH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LILLIGREN, RICHARD 301 SOUTH GOLF BLVD POMPANO BEACH, FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition <u>SD Lilligren, Richard</u> <u>301 S Golf Blvd #175</u> <u>Pompano Beach, FL 33064</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MULCHAY, LILLIAN 301 SOUTH GOLF BLVD #176 POMPANO BEACH, FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>3/13/08</u> Daytime Phone: <u>954-943-9391</u>		