

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 715010 (5)

1. Corporation Name  
**LEISUREVILLE FAIRWAY SEVEN ASSOCIATION, INC.**



Principal Place of Business: 401 SOUTH GOLF BLVD. POMPANO BEACH FL 33064  
Mailing Address: 401 SOUTH GOLF BLVD. POMPANO BEACH FL 33064

3. Date Incorporated or Qualified: 07/25/1968  
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-1968428  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes  No

9. Name and Address of Current Registered Agent  
**HUBERT, JOSEPH A.  
2400 E COMMERCIAL BLVD.  
FT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD LAPALOMENTO, CARMELLA	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	401 SOUTH GOLF BLVD.	12 NAME	
STREET ADDRESS	POMPANO BEACH FL	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	VD LIGHT, DONNA M	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	401 SOUTH GOLF BLVD	22 NAME	
STREET ADDRESS	POMPANO BEACH FL	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	STD QUINN, GLORIA A.	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	401 SOUTH GOLF BLVD.	32 NAME	
STREET ADDRESS	POMPANO BEACH FL	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gloria A. Quinn* 4/24/96 954-942-9707  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Gloria A. Quinn

CR2E037 (12/95)