FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 19, 2002 8:00 am Secretary of State **DOCUMENT # 715010** 1. Entity Name 05-19-2002 90100 001 ***918.75 LEISUREVILLE FAIRWAY SEVEN ASSOCIATION, INC. Mailing Address Principal Place of Business 401 SOUTH GOLF BLVD. 401 SOUTH GOLF BLVD. POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1968428 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ORNER, HOWARD S P.A. 2855 UNIVERSITY DR STE. 110 Zip Code FL **CORAL SPRINGS FL 33065** 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 SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. į Make Check Payable to 9: Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition PD XXX Change XXDelete TITLE TITLE BRADY, EDWARD W LIGHT, DONNA M NAME NAME STREET ADDRESS_1 401 SOUTH GOLF BLVD., #268 401 SOUTH GOLF BLVD., #170 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL CITY-ST-ZIP POMPANO BEACH FL ☐ Addition **X**X Change VD Delete TITLE VD TITLE LIGHT, DONNA M NAME ZARRELLO, JAMES R NAME STREET ADDRESS 401 SOUTH GOLF BLVD STREET ADDRESS 401 SOUTH GOLF BLVD., #168 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL POMPANO BEACH FL ■ Addition ☐ Change STD TITLE ☐ Delete TITLE QUINN, GLORIA A. NAME NAME STREET ADDRESS 401 SOUTH GOLF BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

4/25/02

954-781-6447

Daytima Phone #

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Addition

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