


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90353 001 ***980.00

DOCUMENT # 715010

1. Entity Name
LEISUREVILLE FAIRWAY SEVEN ASSN., INC.



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66416177

2. Principal Place of Business 401 S GOLF BLVD Suite, Apt. #, etc.		3. Mailing Address 401 S GOLF BLVD Suite, Apt. #, etc.	
City & State POMPANO BEACH FL		City & State POMPANO BEACH FL	
Zip 33064	Country	Zip 33064	Country

4. FEI Number 59-1968428

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name POLIAKOFF, GARY A
BECKER & POLIAKOFF, P.A.
Street Address (P.O. Box Number is Not Acceptable)
3111 STIRLING ROAD

City FT. LAUDERDALE FL FL Zip Code 33312

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'DRISCOLL, STEPHEN P 401 S GOLF BLVD #167 POMPANO BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, DONALD 401 S GOLF BLVD #166 POMPANO BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRISCOLL, DORIS B. 401 S GOLF BLVD #269 POMPANO BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARSHALL, SALLY M. 401 S GOLF BLVD #270 POMPANO BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE: B. Doris Driscoll 4/26/04 954-942-6986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)