


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 715010		
1. Entity 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	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Country

FILED
07 APR 30 PM 3:46
STATE OF FLORIDA
TALLAHASSEE, FLORIDA



01172007	Chg-NP	CR2E037 (12/06)
4. FEI Number 59-1968428		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POLIAKOFF, GARY A BECKER & POLIAKOFF, P.A. 3111 STIRLING ROAD FT. LAUDERDALE, FL 33312	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, DONALD G 401 S GOLF BLVD, #166 POMPANO BEACH, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 100103009361 05/22/07--01021--001 **990.00 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARSHALL, SALLY M 401 S GOLF BLVD, #270 POMPANO BEACH, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> \$15/8 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DRISCOLL, B. DORIS 401 S GOLF BLVD, #269 POMPANO BEACH, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZAYDEL, ANDY 401 S GOLF BLVD #267 POMPANO BEACH, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bradbury, Irene D 401 S. Golf Blvd. #170 Pompano Beach, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: Sally M. Marshall Date: Apr. 4, 2007 Daytime Phone #: 954-782-7644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR