

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
08 APR 17 PM 1:16

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		Zip Country	
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 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>Schmer, Larry E</u> Street Address (P.O. Box Number is Not Acceptable): <u>Low office Larry E. Schmer</u> <u>7150 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>	
Filing Fee is \$61.25 Due by May 1, 2008		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		10. OFFICERS AND DIRECTORS	
TITLE PD NAME BROWN, DONALD G STREET ADDRESS 401 S GOLF BLVD. #166 CITY-ST-ZIP POMPANO BEACH, FL	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD NAME Bradbury, Irene STREET ADDRESS 401 S Golf Blvd #170 CITY-ST-ZIP Pompano Beach, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME MARSHALL, SALLY M STREET ADDRESS 401 S GOLF BLVD. #270 CITY-ST-ZIP POMPANO BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME DRISCOLL, B. DORIS STREET ADDRESS 401 S GOLF BLVD. #269 CITY-ST-ZIP POMPANO BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME ZAYDEL, ANDY STREET ADDRESS 401 S GOLF BLVD #267 CITY-ST-ZIP POMPANO BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BRADBURY, IRENE STREET ADDRESS 401 S GOLF BLVD #170 CITY-ST-ZIP POMPANO BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP See, Frederick 401 S Golf Blvd #266 Pompano Beach, FL 33064	<input type="checkbox"/> Change <input checked="" 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: <u>Sally M. Marshall, Secretary</u>		DATE: <u>3/19/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Sally M. Marshall</u>		DAYTIME PHONE # <u>954-782-7644</u>	

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



03072008 Chg-NP CR2E037 (12/06)