

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715011

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** LEISUREVILLE FAIRWAY SIX ASSOCIATION, INC.

**Current Principal Place of Business:**

2650 WEST GOLF BLVD.  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

2650 WEST GOLF BLVD.  
POMPANO BEACH, FL 33064

**New Mailing Address:**

**FEI Number:** 59-1144011

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCOTT, TRIPP P.A.  
110 SE 6TH STREET  
15TH FLOOR  
FT. LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: CASHIN, GLADYS  
Address: 2650 WEST GOLF BLVD. #158  
City-St-Zip: POMPANO BEACH, FL 33064

Title: VD  
Name: ROSSI, PHILIP  
Address: 2650 WEST GOLF BLVD. #254  
City-St-Zip: POMPANO BEACH, FL 33064

Title: SD  
Name: DIXON, PEARL M  
Address: 2650 W GOLF BLVD, #260  
City-St-Zip: POMPANO BEACH, FL 33064

Title: VD  
Name: HAGGAR, ROBERT  
Address: 2650 W GOLF BLVD #256  
City-St-Zip: POMPANO BEACH, FL 33064

Title: D  
Name: HOLTON, FRANCIS  
Address: 2650 W GOLF BLVD #263  
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GLADYS CASHIN

PD

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date