

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715161 (6)

1. Corporation Name
LEISURE TOWERS ASSOCIATION, INC.



Principal Place of Business: **1500 S. OCEAN BLVD. POMPANO BEACH FL 33062**
Mailing Address: **1500 S. OCEAN BLVD. POMPANO BEACH FL 33062**

3. Date Incorporated or Qualified: **08/23/1968**
3a. Date of Last Report: **04/26/1995**

21. Principal Place of Business: same as above	2a. Mailing Address: same as above	4. FEI Number: 59-1298030	Applied For: <input type="checkbox"/>
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	28. Zip	29. Country
30. Zip	31. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RANNO, ROSE
1500 S OCEAN BLVD
POMPANO BEACH FL 33062**

81. Name: **RANNO, ROSE**
82. Street Address (P.O. Box Number is Not Acceptable): **1500 SOUTH OCEAN BLVD.**
83. City: **POMPANO BEACH, FLA.** 84. Zip Code: **33062**
85. State: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: **ROSE RANNO** (Signature, typed or printed name of registered agent and title if applicable) *Rose Ranno* (NOTE: Registered Agent signature required when re-registering) **4/10/96** (DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: P DAVIS, PETER	1.2 NAME	P HOWARD W. WALDHOLZ	
STREET ADDRESS: 1500 S OCEAN BLVD	1.3 STREET ADDRESS	1500 S OCEAN BLVD.	
CITY-ST-ZIP: POMPANO BCH FL	1.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33062	
TITLE: <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: V NEDRY, DOUGLAS	2.2 NAME	V MARIE KLIPPEL	
STREET ADDRESS: 1500 S OCEAN BLVD	2.3 STREET ADDRESS	1500 S OCEAN BLVD.	
CITY-ST-ZIP: POMPANO BCH FL	2.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33062	
TITLE: <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: T GIBALDI, JOSEPH	3.2 NAME	T INES COLLIA KELLY	
STREET ADDRESS: 1500 S OCEAN BLVD	3.3 STREET ADDRESS	1500 S.OCEAN BLVD.	
CITY-ST-ZIP: POMPANO BCH FL	3.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33062	
TITLE: <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: S SHUMAKER, JANE	4.2 NAME	S PETER DAVIS	
STREET ADDRESS: 1500 S OCEAN BLVD	4.3 STREET ADDRESS	1500 SO.OCEAN BLVD.	
CITY-ST-ZIP: POMPANO BCH FL	4.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33062	
TITLE: <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: D HERRICK, JOHN	5.2 NAME	D JANE SHUMAKER	
STREET ADDRESS: 1500 S OCEAN BLVD	5.3 STREET ADDRESS	1500 S.OCEAN BLVD. 33062	
CITY-ST-ZIP: POMPANO BCH FL	5.4 CITY-ST-ZIP		
TITLE: <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: D GABLER, WALLACE	6.2 NAME	D HERRICK	
STREET ADDRESS: 1500 S OCEAN BLVD	6.3 STREET ADDRESS	1500 S OCEAN BLVD.POMPANO BEACH,FL.	
CITY-ST-ZIP: POMPANO BCH FL	6.4 CITY-ST-ZIP	D 33062	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Howard W. Waldholz* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) **04/10/96** (Date) **BLVD. POMP. BCH 33062** (Daytime Phone #)

HOWARD W. WALDHOLZ, PRESIDENT

CR2E037 (12/95)