

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/23/1968		3a. Date of Last Report 04/17/1996	
4. FEI Number 59-1298030		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent RANNO, ROSE 1500 S OCEAN BLVD POMPANO BEACH FL 33062				10. Name and Address of New Registered Agent			
81 Name RANNO, ROSE				82 Street Address (P.O. Box Number is Not Acceptable) 1500 SO.OCEAN BLVD.			
83 POMPANO BEACH, FLA.				84 City			
85 Zip Code FL 33062							

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 *Rose Ranno* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

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

14. I do 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 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: DR. CLAUDE BRETON *DR. CLAUDE BRETON* DATE 7/18/97
SIGNATURE REQUIRED

CR2E037 (4/97)