


**FILE NOW: FILING FEE IS \$61.25**

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**May 20 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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**

4. FEI Number: **59-1298030**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: **21 same as above**

2a. Mailing Address: **26 same as above**

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State

28. City & State

24. Zip

25. Country

29. Zip

30. Country

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: **ROSE RANNO**

82 Street Address (P.O. Box Number is Not Acceptable): **1500 SO. OCEAN BLVD.**

83 City: **POMPANO BEACH, FLA. 33062**

84 City: **FL**

85 Zip Code

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, Office Mgr.** *Rose Ranno* DATE: **5/14/98**

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

14. I 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.

CR2E037 (10/97)

SIGNATURE: \_\_\_\_\_ DATE: **5/14/98** (954) 946-2444