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FILED
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
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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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3. Date Incorporated or Qualified

08/23/1968

4. FEI Number

59-1298030

Applied For

Not Applicable

2. Principal Place of Business

21 same as above

Suite, Apt. #, etc.

2a. Mailing Address

26 same as above

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

ROSE RANNO

82 Street Address (P.O. Box Number is Not Acceptable)

1500 SO. OCEAN BLVD.

83

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.**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relinquishing)

DATE **5/14/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	KLIPPEL, MARIE	GABLER, WALLACE F.
STREET ADDRESS	1500 S OCEAN BLVD	1500 S. Ocean Blvd
CITY-ST-ZIP	POMPANO BCH FL 33062	POMPANO BEACH, FLA. 33062

TITLE	KLIPPEL, MARIE	<input type="checkbox"/> DELETE
NAME	KLIPPEL, MARIE	
STREET ADDRESS	1500 S OCEAN BLVD	
CITY-ST-ZIP	POMPANO BCH FL 33062	

TITLE	T	<input type="checkbox"/> DELETE
NAME	SHUMAKER, JANE	
STREET ADDRESS	1500 S OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

TITLE	S	<input type="checkbox"/> DELETE
NAME	BERNADETTE, PALMER	HASSBERGER, WM.
STREET ADDRESS	1500 S OCEAN BLVD	1500 S. Ocean Blvd
CITY-ST-ZIP	POMPANO BCH FL 33062	POMPANO BCH FL 33062

TITLE	D	<input type="checkbox"/> DELETE
NAME	GABLER, WALLACE	
STREET ADDRESS	1500 S OCEAN BLVD	
CITY-ST-ZIP	POMPANO BCH FL 33062	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PEZZELLO, SONNY	
STREET ADDRESS	1500 S OCEAN BLVD	
CITY-ST-ZIP	POMPANO BCH FL 33062	

1.1 TITLE

P

☒ Change ☐ Addition

1.2 NAME

GABLER, WALLACE F.

1.3 STREET ADDRESS

1500 SO. OCEAN BLVD.

1.4 CITY-ST-ZIP

POMPANO BEACH, FLA. 33062

2.1 TITLE

V.P.

☒ Change ☐ Addition

2.2 NAME

KLIPPEL, MARIE

2.3 STREET ADDRESS

1500 SO. OCEAN BLVD. POMP. BCH FLA.

2.4 CITY-ST-ZIP

1500 SO. OCEAN BLVD. POMP. BCH FLA.

3.1 TITLE

T

☐ Change ☐ Addition

3.2 NAME

JANE SHUMAKER

3.3 STREET ADDRESS

1500 S. OCEAN BLVD.

3.4 CITY-ST-ZIP

POMPANO BEACH, FLA. 33062

4.1 TITLE

S

☒ Change ☐ Addition

4.2 NAME

HASSBERGER, WILLIAM

4.3 STREET ADDRESS

1500 S. OCEAN BLVD.

4.4 CITY-ST-ZIP

POMPANO BCH, FL. 33062

5.1 TITLE

D

☒ Change ☐ Addition

5.2 NAME

PEZZELLO, SONNY

5.3 STREET ADDRESS

1500 S. OCEAN BLVD.

5.4 CITY-ST-ZIP

POMPANO BEACH, FLA. 33062

6.1 TITLE

D

☒ Change ☐ Addition

6.2 NAME

BRETON, DR. CLAUDE

6.3 STREET ADDRESS

1500 S. OCEAN BLVD. POMP BCH FLA. 33062

6.4 CITY-ST-ZIP

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.

SIGNATURE **ROSE RANNO**

DATE **5/14/98** (954) 946-2444

CR2E037 (10/97)