

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90165 047 \*\*\*\*61.25

**DOCUMENT # 715161**

1. Entity Name

**LEISURE TOWERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1500 S. OCEAN BLVD.  
 POMPANO BEACH FL 33062

1500 S. OCEAN BLVD.  
 POMPANO BEACH FL 33062-7400

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1298030**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Management Assist, Inc**  
 Street Address (P.O. Box Number is Not Acceptable) **2626 E. Commercial Blvd. #4**  
 City **Pompano Beach** FL Zip Code **33308**

8. 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 *Thomas J. Decker* **Thomas J. Decker** **4/21/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

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

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAYLOR, JAY 1500 S OCEAN BLVD POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MARTHA Flanagan 1500 S. Ocean Blvd Pompano Beach, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KLIPPEL, MARIE 1500 S OCEAN BLVD POMPANO BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director → <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARIOLI, GRACE 1500 S OCEAN BLVD POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HASSBERGER, WILLIAM 1500 S OCEAN BLVD POMPANO BCH FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Bernadette Palmer Same address <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROULT, CHARLES 1500 S OCEAN BLVD POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer → Same address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GERARD, EARL 1500 S OCEAN BLVD POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President → Same address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bernadette Palmer* **Bernadette Palmer** **954-946-2444**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)