

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715161

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

RANNO, ROSE
1500 S OCEAN BLVD
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name Thomas J. Decker
Street Address (P.O. Box Number is Not Acceptable) Co MANAGEMENT Assist, Inc
2626 E. Commercial Blvd. #4
City Ft. Lauderdale 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 T.J. DECKER

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

(NOTE: Registered Agent signature required when reinstating)

4/20/01
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

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	VPD KLIPPEL, MARIE 1500 S OCEAN BLVD POMPANO BCH FL	<input checked="" type="checkbox"/> Delete
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	ST HASSBERGER, WILLIAM 1500 S OCEAN BLVD POMPANO BCH FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROULT, CHARLES 1500 S OCEAN BLVD POMPANO BEACH FL 33062	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GERARD, EARL 1500 S OCEAN BLVD POMPANO BEACH FL 33062	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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)(i), 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90327 023 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

0036870