

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715161

FILED  
Feb 03, 2005  
Secretary of State

**Entity Name:** LEISURE TOWERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1500 S. OCEAN BLVD.  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

1500 S. OCEAN BLVD.  
POMPANO BEACH, FL 33062

**New Mailing Address:**

**FEI Number:** 59-1298030

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PALMER, BERNADETTE  
C/O LEISURE TOWERS OFFICE  
1500 SOUTH OCEAN BLVD  
POMPANO BEACH, FL 33062 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SALERNO, RAMO  
Address: 21034 RYAN ROAD  
City-St-Zip: WARREN, MI 48091

Title: D ( ) Delete  
Name: DAVIS, RICHARD  
Address: 1382 1ST AVE #15  
City-St-Zip: NEW YORK, NY 10021

Title: S ( ) Delete  
Name: CONDRA, GARY  
Address: 1500 S. OCEAN BLVD, #208  
City-St-Zip: POMPANO BEACH, FL 33062

Title: VD ( ) Delete  
Name: HERBERT, ROBERT  
Address: 1500 S. OCEAN BLVD. #PHA  
City-St-Zip: POMPANO BCH, FL 33062

Title: DT ( ) Delete  
Name: ROULT, CHARLES  
Address: 1500 S. OCEAN BLVD. #1505  
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete  
Name: TERRIACA, JERRY  
Address: 305 ULRIC CRES  
City-St-Zip: OAKVILLE, ONTARIO, CA L6K 3R3

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SMITH, ALLEN  
Address: 282 ORONOQUE ROAD  
City-St-Zip: MILFORD, CT 06460

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY CONDRA

S

02/03/2005

Electronic Signature of Signing Officer or Director

Date