

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90164 040 \*\*\*\*61.25

0021102

**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

4. FEI Number **59-1298030**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DECKER, THOMAS J  
C/O MANAGEMENT ASSIST, INC  
2626 E. COMMERCIAL BLVD #4  
FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SALENO, RAMO</b>	
STREET ADDRESS	<b>21034 RYAN ROAD</b>	
CITY-ST-ZIP	<b>WARREN MI 48091</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HASIBERGER, WILLIAM</b>	
STREET ADDRESS	<b>3439 BENJAMIN AVE. APT 223</b>	
CITY-ST-ZIP	<b>ROYAL OAK MI 48073</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>CONDR, GARY</b>	
STREET ADDRESS	<b>500 S. OCEAN BLVD. #208</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>PALMER, BERNADETTE</b>	
STREET ADDRESS	<b>1500 S. OCEAN BLVD. #1502</b>	
CITY-ST-ZIP	<b>POMPANO BCH FL 33062</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROULT, CHARLES</b>	
STREET ADDRESS	<b>1500 S. OCEAN BLVD. #1505</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TERRIACA, JERRY</b>	
STREET ADDRESS	<b>305 ULRIC CRES</b>	
CITY-ST-ZIP	<b>OAKVILLE, ONTARIO CA 46K3R3</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICHARD DAVIS</b>	
STREET ADDRESS	<b>1382 1ST AVE #15</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10021</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RAYNELLE FERGUSON</b>	
STREET ADDRESS	<b>1500 S. OCEAN BLVD #1508</b>	
CITY-ST-ZIP	<b>POMPANO BCH FL 33062</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1500 S. OCEAN BLVD #208</b>	
CITY-ST-ZIP		
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<b>OAKVILLE ONTARIO CA L6K3R3</b>	

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:

**S. CHARTERED**

**4/01/03**

**954/946-2444**

CR2E037 (10/02)