**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:03

DOCUMENT # **717234** **(9)**

1. Corporation Name
**LEISURE PARK ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 900 N.E. 18TH AVENUE<br>FT. LAUDERDALE FL 33304 | 900 N.E. 18TH AVENUE<br>FT. LAUDERDALE FL 33304 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1969
3a. Date of Last Report: 03/23/1994
4. FEI Number: 59-1318150 ☐ Applied For ☐ Not Applicable

| | | | |
|---|---|---|---|
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | P.O. Box 634233 |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | |
| City & State 23 | | City & State 28 | Margate, FL |
| Zip 24 / Country 25 | | Zip 29 / Country 30 | 33063 / USA |

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

GOLD COAST PROPERTY MANAGEMENT
10001 W OAKLAND PARK BLVD
34D FLOOR, STE 300
SUNRISE FL 33351

**10. Name and Address of New Registered Agent**

81 Name: Kim Breighner
82 Street Address (P.O. Box Number Is Not Acceptable): 225 N.W. 80 TER.
83: P.O. Box 634233
84 City: Margate, FL 85 Zip Code: 33063

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Kim Breighner — Kim Breighner — 3/24/1995
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | PRESIDENT | ☐ Change ☐ Addition |
| NAME | CURASI, MIKE | 1.2 NAME | Michael Curasi | |
| STREET ADDRESS | 900 N.E. 18TH AVE.,#1208 | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | 2.1 TITLE | VP | ☑ Change ☐ Addition |
| NAME | ~~SEPE, VINCENT~~ WALLY STACEY | 2.2 NAME | VICE PRES Wally Stacey | |
| STREET ADDRESS | 900 NE 18TH AVE #1404 | 2.3 STREET ADDRESS | 900 N.E. 18th AVE # 1008 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 2.4 CITY-ST-ZIP | Ft Lauderdale FL 33304 | |
| TITLE | TD | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LIEB, HERB | 3.2 NAME | | |
| STREET ADDRESS | 900 N.E. 18TH AVE., #708 | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 3.4 CITY-ST-ZIP | | |
| TITLE | S | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MALOWF, GEORGE | 4.2 NAME | | |
| STREET ADDRESS | 900 N.E. 18TH AVE., #512 | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 4.4 CITY-ST-ZIP | | |
| TITLE | D | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LOPEZ, TONY | 5.2 NAME | | |
| STREET ADDRESS | 900 N.E. 18TH AVE.,#1003 | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 5.4 CITY-ST-ZIP | | |
| TITLE | D | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GELINEAU, AGNES | 6.2 NAME | | |
| STREET ADDRESS | 900 NE 18TH AVE #1205 | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** Michael Curasi — 3/24/1995 — 305 764-2134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048403