

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 717234 (9)**

1. Corporation Name

**LEISURE PARK ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

900 N.E. 18TH AVENUE  
FT. LAUDERDALE FL 33304

P. O. BOX 634233  
MARGATE FL 33063  
US

3. Date Incorporated or Qualified

**09/24/1969**

3a. Date of Last Report

**04/03/1995**

2. Principal Place of Business

2a. Mailing Address

**21 LEISURE PARK CONDOMINIUM**

**26 900 N/E 18TH AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 RECREATION ROOM**

Suite, Apt. #, etc.

City & State

City & State

**23 FT. LAUD. FL.**

City & State

Zip

Country

Zip

Country

**24 FL. 33304**

**25 U.S.A.**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BREIGNER, KIM  
225 N. W. 80TH TER.  
P. O. BOX 634233  
MARGATE FL 33063**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD  
CURASI, MIKE**  
STREET ADDRESS **900 N.E. 18TH AVE., #1208**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME **VP  
STACEY, WALLY**  
STREET ADDRESS **900 N. E. 18TH AVE #1008**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME **TD  
LIEB, HERB**  
STREET ADDRESS **900 N.E. 18TH AVE., #708**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME **S  
MALOVF, GEORGE**  
STREET ADDRESS **900 N.E. 18TH AVE., #512**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME **D  
LOPEZ, TONY**  
STREET ADDRESS **900 N.E. 18TH AVE., #1003**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME **D  
GELINEAU, AGNES**  
STREET ADDRESS **900 NE 18TH AVE #1205**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**MALOVF, GEORGE  
900 N/E 18TH AVE #1405  
FT. LAUD. FL. 33304**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)