


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # 719639 1. Entity Name LEISURE TOWERS LAND OWNERS, INC.	
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Principal Place of Business 400 NW 20TH ST. FT. LAUDERDALE, FL 33311	Mailing Address 400 NW 20TH ST. FT. LAUDERDALE, FL 33311
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01232008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1369526	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BLADE, DAVID A 1128 S POWERLINE RD POMPANO BEACH, FL 33069-4340
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLADE, DAVID A 1180 S. POWERLINE RD. #204 POMPANO BEACH, FL 330694304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYTON, E.A. 400 NW 20TH STREET FT. LAUDERDALE, FL 33311
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02/26/08-80051-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	2/11/08 954-565-4972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date Daytime Phone #	