

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 # **738740** (0)

1. Corporation Name

LEISUREVILLE SQUARE CLUB, INC.



Principal Place of Business

Mailing Address

~~777 E ATLANTIC AVE~~ **1901 S CONGRESS AVE** ~~777 E ATLANTIC AVE~~ **1901 S CONGRESS AVE**
~~SUITE 200~~ **SUITE 120** ~~SUITE 200~~ **SUITE 120**
~~DELRAY BEACH FL 33483~~ **BOYNTON FL 33426** ~~DELRAY BEACH FL 33483~~ **BOYNTON FL 33426**
US **US**

3. Date Incorporated or Qualified
04/19/1977

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21 **1901 S CONGRESS AVE** 26 **1901 S CONGRESS AVE**

4. FEI Number

23-7410600

Applied For

Not Applicable

22 Suite, Apt. #, etc.

120

27 Suite, Apt. #, etc.

120

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

23 City & State

BOYNTON FL

28 City & State

BOYNTON FL

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

24 Zip

33426

25 Country

US

29 Zip

33426

30 Country

US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERKLE, WILLIAM R.

~~777 E ATLANTIC AVE~~ **1901 S CONGRESS AVE**
~~SUITE 200~~ **SUITE 120**
~~DELRAY BEACH FL 33483~~ **BOYNTON FL 33426**

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

William R. Merkle

1/23/96

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE

NAME **SHUMELDA, WILLIAM**

STREET ADDRESS **118 SW 10 ST**

CITY-ST-ZIP **BOYNTON BCH, FL 00000**

TITLE **#P** ☐ DELETE

NAME **MONAGHAN, HAROLD**

STREET ADDRESS **1304 SW 20TH ST**

CITY-ST-ZIP **BOYNTON BCH, FL 00000**

TITLE **D** ☐ DELETE

NAME **DAVIES, PHILLIP O**

STREET ADDRESS **2383 13TH AVENUE**

CITY-ST-ZIP **BOYNTON BCH, FL 00000**

TITLE **SD** ☒ DELETE

NAME **JONES, WYNDHAM**

STREET ADDRESS **2088 SW 13TH WAY**

CITY-ST-ZIP **BOYNTON BCH, FL 00000**

TITLE **D** ☒ DELETE

NAME **STRIETER, ROBERT H**

STREET ADDRESS **1007 SIESTA AVE**

CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **TD** ☐ DELETE

NAME **FERNALD, LLEWELLYN K**

STREET ADDRESS **1803 SW 5TH AVEN**

CITY-ST-ZIP **BOYNTON BCH, FL 00000**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V.P.

OWANS, RICHARD K

716 SW 15 ST

BOYNTON BEACH, FL 33426

SD

BROWN, GEORGE B.

1115 SW 22ND AVE

DELRAY BEACH, FL 33445

D

RIPLEY, LYNN M

1304 SW 24TH ST

BOYNTON BEACH, FL 33426

D

WATER, EVERETT R.

639 SW 2ND AVE

BOYNTON BEACH, FL 33426

D

RITZ, HENRY

1205 SW 22ND ST

BOYNTON BEACH, FL 33426

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:

Lew K. Fernald **LEW K. FERNALD**

FEB 13, 1996

407/737-2706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)