


FILE NOW: FILING FEE IS \$61.25

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Apr 23 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 738740 (0)**  
 1. Corporation Name  
**LEISUREVILLE SQUARE CLUB, INC.**

Principal Place of Business <b>1801 SOUTH CONGRESS AVENUE</b> <b># 120</b> <b>BOYNTON FL 33426</b> <b>US</b>	Mailing Address <b>1801 SOUTH CONGRESS AVENUE</b> <b># 120</b> <b>BOYNTON FL 33426</b> <b>US</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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3. Date Incorporated or Qualified <b>04/19/1977</b>	4. FEI Number <b>23-7410600</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**MERKLE, WILLIAM R.**  
**1801 SOUTH CONGRESS AVENUE**  
**#120**  
**BOYNTON FL 33426**

10. Name and Address of New Registered Agent  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	OWENS, RICHARD K	
STREET ADDRESS	716 SW 15TH STREET	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROBERTS, GEORGE	
STREET ADDRESS	7717 BRISTOL BAY LN	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOGAN, CHARLES	
STREET ADDRESS	525 SW 16TH ST	
CITY - ST - ZIP	BOYNTON BCH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BROWN, GEORGE B	
STREET ADDRESS	1115 SW 22ND AVENUE	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, PAUL	
STREET ADDRESS	2778 S OCEAN BLVD APT S305	
CITY - ST - ZIP	PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FERNALD, LLEWELLYN K	
STREET ADDRESS	1803 SW 5TH AVEN	
CITY - ST - ZIP	BOYNTON BCH, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	QUINNETTE, WILLIAM	
1.3 STREET ADDRESS	1839 SW 17TH STREET	
1.4 CITY - ST - ZIP	BOYNTON BEACH, FL 33426	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERTS, GEORGE	
2.3 STREET ADDRESS	7717 BRISTOL BAY LN	
2.4 CITY - ST - ZIP	LAKE WORTH, FL 33467	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LOGAN, CHARLES	
3.3 STREET ADDRESS	525 SW 16TH STREET	
3.4 CITY - ST - ZIP	BOYNTON BEACH, FL 33426	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BROWN, GEORGE B	
4.3 STREET ADDRESS	1115 SW 22ND AVENUE	
4.4 CITY - ST - ZIP	DELRAY BEACH, FL 33445	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HUMPHREYS, WILSON	
5.3 STREET ADDRESS	2792 DONNELLY DRIVE -APT. 324	
5.4 CITY - ST - ZIP	LANTANA, FL 33462	
6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FERNALD, LLEWELLYN K	
6.3 STREET ADDRESS	2792 DONNELLY DRIVE - APT 132	
6.4 CITY - ST - ZIP	LANTANA, FL 33462	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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, TD 3-26-98 561/966-4412

CR2E037 (10/97)