FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name F96000001063 (4)

LEISURE FACILITIES INC XV

FILED

98 MAY -4 AM 10: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address						
2650 N MILITARY TRAIL. #350 2650 N MILITARY TRA			RAIL. #350			
BOCA RATON FL 33431		BOCA RATON FL 33	BOCA RATON FL 33431		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	7770 57770 5
]					03/01/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					65-0601718	Not Applicable
		Suite, Apt. #, etc	ite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27 City & State		City & Stote	City & State			Fee Required
 		28	 , ´		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Cauntry		Zip			8. This corporation owes or has paid t	
24	25 29		30			
	9, Name and Address of Curr	ent Registered Agent	81		10. Name and Address of New Regis	tered Agent
NATIONAL CORPORATE RESEARCH, LTD., INC.				Name		
1406 HAYS ST., #2			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	L - Th Th Th Th
TALLAHASSEE FL 32301			83		4UUUUUCS 100 /00	13864 1 301097002
			63		***1588.	
			84	City		85 Zip Code
11 Pursuant t	to the provisions of Sections 607.05	502 and 607 1508. Florida 5	Statutes the above	e-named corn	oration submits this statement for the pure	ose of changing its registered
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 lamiliar with, and adjust the obligations of Section 607.0505, Florida Statutes.						
0/3/08						
SIGNATURE	Signature, types or printed name of registrated a	igeni and sile il applicable	(NOTF: Registered Age	ent signature require	ad when reinstating)	DATY
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	
TITLE	PDC	DELETI	1.1 TITLE			☐ Change ☐ Addition
NAME	LUCIANI, JOHN		1.2 NAME			
STREET ADDRESS			1.3 STREET	ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY - S	T-ZIP		Change Addition
TITLE	VSTD DELETE					Change Addition
NAME	RODIN, BERNARD M		2.2 NAME	T 4 DODE DO		
STREET ADDRESS	BOOA DATOM EL BOARA		2.3 STREET			
CITY-ST-ZIP TITLE	BUCK HATCH FE 33431	DELETI	2. 4 CITY- E 3.1 TITLE	31 - 211		☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-			
TITLE		☐ DELET				Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - 5	1 - ZIP		
TITLE		DELET	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - 9	JT - 2(P		
TITLE		DELETI				Change Addition
NAME			6.2 NAME			/M)
STREET ADDRESS			6.3 STREET			
CITY-ST-ZIP			6.4 CITY - S	JT - ZIP		U V I

14. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.