


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N44554 1. Entity Name LEISURE ACCESS FOUNDATION, INC.					
Principal Place of Business 275 NW 2ND ST MIAMI FL 33128 US			Mailing Address 2999 NE 191 ST PH6 MIAMI FL 33180 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOOK, RONALD L. 2999 NE 191 ST PH6 MIAMI FL 33180				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD <input type="checkbox"/> Delete		TITLE	U00000216587 <input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	BOOK, RONALD L.		NAME	02/05/05-80054-017 61.25	
STREET ADDRESS	2999 NE 191 ST PH6		STREET ADDRESS		
CITY- ST- ZIP	AVENTURA FL		CITY- ST- ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	BREITER, MARCIA		NAME		
STREET ADDRESS	2600 S BAYSHORE		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33131		CITY- ST- ZIP		
TITLE	DO <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	SASLAW, GARY R.		NAME		
STREET ADDRESS	20801 BISCAYNE BLVD 304		STREET ADDRESS		
CITY- ST- ZIP	AVENTURA FL		CITY- ST- ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	HERRING, CATHY		NAME		
STREET ADDRESS	1611 NW 12TH AVE., #237		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33136		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. 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 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: _____			_____ <i>Ronald Book</i> 1/25/05 305 9351866		