

100
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000076836 (3)

1. Corporation Name

LEISURE COMMUNITIES MANAGEMENT, INC.

Principal Place of Business

700 N.W. 107 AVE.
MIAMI FL 33172

Mailing Address

700 N.W. 107 AVE.
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0528563

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

WATSKY, MORRIS J
700 N.W. 107 AVE.
MIAMI FL 33172

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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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	D
NAME	MILLER, LEONARD
STREET ADDRESS	700 N.W. 107 AVE.
CITY, ST, ZIP	MIAMI FL 33172
TITLE	D
NAME	BOLOTIN, IRVING
STREET ADDRESS	700 N.W. 107 AVE.
CITY, ST, ZIP	MIAMI FL 33172
TITLE	D
NAME	COLE, ROBERT B
STREET ADDRESS	700 N.W. 107 AVE.
CITY, ST, ZIP	MIAMI FL 33172
TITLE	D
NAME	PEKOR, ALLAN J
STREET ADDRESS	700 N.W. 107 AVE.
CITY, ST, ZIP	MIAMI FL 33172
TITLE	D
NAME	MILLER, STUART A
STREET ADDRESS	700 N.W. 107 AVE.
CITY, ST, ZIP	MIAMI FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	AS Sierra, Kathleen E.
6.3 STREET ADDRESS	700 N.W. 107 Ave.
6.4 CITY, ST, ZIP	Miami, FL 33172

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 supplementary 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 (changed), or on an attachment with an address.

SIGNATURE:

Kathleen E. Sierra
MORE THAN ONE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathleen E. Sierra

4/14/95

(305)
229-6400