

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000076836

FILED
Apr 29, 2009
Secretary of State

Entity Name: LEISURE COMMUNITIES MANAGEMENT, INC.

Current Principal Place of Business:

1601 WASHINGTON AVE
STE 800
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1601 WASHINGTON AVE
STE 800
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-0528563 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITLOW, JAMES
1601 WASHINGTON AVE STE 800
STE 800
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TEAM, DAVID O
Address: 4350 VON KARMAN AVENUE
City-St-Zip: NEWPORT BEACH, CA 92660

Title: VD () Delete
Name: SHERMAN, PAUL
Address: 1601 WASHINGTON AVE STE 800
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD () Delete
Name: SANDERS, DANA S
Address: 4350 VON KARMAN AVENUE
City-St-Zip: NEWPORT BEACH, CA 92660

Title: T () Delete
Name: JORDAN, MARGARET
Address: 1601 WASHINGTON AVE STE 800
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID TEAM, BY J.REYNOLDS AS ATTY-IN-FACT

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date