

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715010

**Entity Name:** LEISUREVILLE FAIRWAY SEVEN ASSOCIATION, INC.

**Current Principal Place of Business:**

401 SOUTH GOLF BLVD.  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

401 SOUTH GOLF BLVD.  
UNIT 166  
POMPANO BEACH, FL 33064 US

**FEI Number:** 59-1968428

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WASSERSTEIN, P.A.  
301 YAMATO ROAD, SUITE 2199  
BOCA RATON, FL 33431 US

*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

**Officer/Director Detail :**

Title SECRETARY  
Name RODRIGUEZ, ROSEMARY  
Address 401 S GOLF BLVD  
#169  
City-State-Zip: POMPANO BEACH FL

Title VP  
Name O'DRISCOLL, SEAN  
Address 401 S GOLF BLVD  
#167  
City-State-Zip: POMPANO BEACH FL 33064

Title TREASURER  
Name SALKELD, GLADYS  
Address 401 S GOLF BLVD #166  
City-State-Zip: POMPANO BEACH FL 33064

Title PRESIDENT  
Name GRECO , STACEY  
Address 401 SOUTH GOLF  
#266  
City-State-Zip: POMPANO BEACH FL 33064

Title DIRECTOR  
Name DRISCOLL, DORIS  
Address 401 S GOLF BLVD  
#269  
City-State-Zip: POMPANO BEACH FL 33064

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GLADYS SALKELD

**TREASURER**

**03/08/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date