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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715871

1. Corporation Name

PALM BEACH LEISUREVILLE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

PBLCA
1007 OCEAN DRIVE
BOYNTON BEACH FL 33426
US

Mailing Address

PBLCA
1007 OCEAN DRIVE
BOYNTON BEACH FL 33426
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/10/1969

4. FEI Number

59-1307192

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

COLLINS, BETTY (ELIZABETH)
1007 OCEAN DRIVE
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **SD MULLINS, VIRGINA**
STREET ADDRESS **1000 OCEAN AVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE ☒ DELETE

NAME **AS FORSTER, ROSS**
STREET ADDRESS **2112 SW LAKE CIR DR**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☒ DELETE

NAME **PD HELSINGER, CLYDE**
STREET ADDRESS **1309 SW LAKE COURT**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☐ DELETE

NAME **TD MCCANN, KENNETH**
STREET ADDRESS **1101 REPOSA AVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE ☒ DELETE

NAME **VP OTTO, TOM**
STREET ADDRESS **906 SW 15TH ST.**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME same

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **AS Catherine Lyall**
2.3 STREET ADDRESS **707 SW 16th St.**

2.4 CITY-ST-ZIP **Boynton Beach, FL 33426**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **RD A. Thomas Otto**
3.3 STREET ADDRESS **906 SW 15th St.**
3.4 CITY-ST-ZIP **Boynton Beach, FL 33426**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME same

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **Jack Kelly**
5.3 STREET ADDRESS **807 SW 5th Court**
5.4 CITY-ST-ZIP **Boynton Beach, FL 33426**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: R. OTTO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/99 561-132-7474

Date

Daytime Phone #

CR2E037 (1/98)