


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90001 039 ****61.25

DOCUMENT # 715871	
1. Entity 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
---	---

54014636



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02252004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1307192	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
------------------------------------	---	--

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GELFAND, MICHAEL J GELFAND & ARPE, P.A. 250 S. AUSTRALIAN AVE., SUITE 1010 W. PALM BEACH, FL 33401-5014

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	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	DS	<input type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEH, AMM, KATHRYN E		NAME	Lehmann, Kathryn E.	
STREET ADDRESS	1803 SW 5TH AVENUE		STREET ADDRESS	1803 SW 5th Avenue	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTO, THOMAS		NAME	Shema, Bernard	
STREET ADDRESS	906 SW 15TH STREET		STREET ADDRESS	504 SW 19th St.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEMA, BERNARD		NAME	Richard K. Owens	
STREET ADDRESS	504 SW 19TH ST		STREET ADDRESS	715 SW 15th St.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYALL, CATHERINE		NAME		
STREET ADDRESS	707 SW 16TH STREET		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
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: *[Signature]*, Treasurer 3-1-04 561-732-7474