

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # 717262 (0)**

1. Corporation Name

**LEISUREVILLE LAKE UNIT A CONDOMINIUM ASSOCIATION  
, INC.**

Principal Place of Business

Mailing Address

**1114 LAKE TERRACE  
BOYNTON BEACH FL 33426****1114 LAKE TERRACE  
BOYNTON BEACH FL 33426-4281****FILED**  
**Feb 10 1997 8:00am**  
**Secretary of State**3. Date Incorporated or Qualified  
**09/30/1969**3a. Date of Last Report  
**01/29/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PHELKA, EDWARD W.  
1114 LAKE TERRACE A-211  
BOYNTON BCH. FL 33426**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KENNEY, BERNARD</b>	
STREET ADDRESS	<b>1114 LAKE TERR #107</b>	
CITY-ST-ZIP	<b>BOYNTON BCH, FL 00000</b>	

1.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ILICH, ANNE</b>	
1.3 STREET ADDRESS	<b>1114 Lake Terr. #101</b>	
1.4 CITY-ST-ZIP	<b>BOYNTON BCH, FL</b>	

TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>PHELKA, EDWARD</b>	
STREET ADDRESS	<b>1114 LAKE TERR #211</b>	
CITY-ST-ZIP	<b>BOYNTON BCH, FL 00000</b>	

2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>MROCK, EDITH</b>	
2.3 STREET ADDRESS	<b>1114 LAKE TERR #106</b>	
2.4 CITY-ST-ZIP	<b>BOYNTON BCH, FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ZUHOSKI, JOSEPH</b>	
STREET ADDRESS	<b>1114 LAKE TERR APT #109</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	

3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SOPOLIGA, DANIEL</b>	
3.3 STREET ADDRESS	<b>1114 LAKE TERR #111</b>	
3.4 CITY-ST-ZIP	<b>BOYNTON BCH, FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KROPMAN, RALLPH</b>	
STREET ADDRESS	<b>1114 LAKE TERR APT 209</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>DOBBINS, WILLIAM</b>	
STREET ADDRESS	<b>1114 LAKE TERR #102</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SALADINO, ANTHONY</b>	
STREET ADDRESS	<b>1114 LAKE TERRACE APT., #104</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

**EDWARD W. PHELKA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-01-97

Date

(561) 737-6595

Daytime Phone # 0041715

CR2E037 (9/96)