

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719224 (8)

1. Corporation Name
LEISUREVILLE LAKE UNIT G CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**ASSOCIATION INC
1116 LAKE TER
BOYNTON BEACH FL 33426-4229**

3. Date Incorporated or Qualified **09/01/1970** 3a. Date of Last Report **04/20/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 23-7158812	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.			Not Applicable	
23	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
24	Zip	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
25	Country	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30	Country						

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOLNAR, EUGENE
1116 LAKE TERRACE
BOYNTON BEACH FL 33426**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	
85	Zip Code	FL

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	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORIENTE, ALFONSE	1.2 NAME	
STREET ADDRESS	1116 LAKE TERRACE 211	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARANTO, ROSE	2.2 NAME	
STREET ADDRESS	1116 LK TERR 107	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLNAR, EUGENE	3.2 NAME	
STREET ADDRESS	1116 LK TERR 102	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMMETT, RICHARD	4.2 NAME	
STREET ADDRESS	1116 LAKE TERR 104	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH, FL 33435	4.4 CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMENDOLA, ALEXANDER	5.2 NAME	DE GEORGE, GEORGE
STREET ADDRESS	1116 LAKE TERRACE 111	5.3 STREET ADDRESS	1116 LAKE TERRACE 201
CITY-ST-ZIP	BOYNTON BEACH FL 33426	5.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Date]
Date: **Feb 5 - 96**

407 737-7123
Daytime Phone

CR2E037 (12/95)