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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719224 (8)
 1. Corporation Name
LEISUREVILLE LAKE UNIT G CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business ASSOCIATION INC 1116 LAKE TER BOYNTON BEACH FL 33426-4229	Mailing Address ASSOCIATION INC 1116 LAKE TER BOYNTON BEACH FL 33426-4229
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

3. Date Incorporated or Qualified 09/01/1970		
4. FEI Number 23-7158812	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

MOLNAR, EUGENE
1116 LAKE TERRACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SORIENTE, ALFONSE	
STREET ADDRESS	1116 LAKE TERRACE 211	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	TARANTO, ROSE	
STREET ADDRESS	1116 LK TERR 107	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	REMMETT, RICHARD	
STREET ADDRESS	1116 LAKE TERR 104	
CITY-ST-ZIP	BOYNTON BCH, FL 33435	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	DE GEORGE, GEORGE	
STREET ADDRESS	1116 LAKE TERRACE #201	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BRADLEY, ELWOOD	
1.3 STREET ADDRESS	1116 LAKE TARRACE 215	
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MUNZLINGER, RUSSELL	
2.3 STREET ADDRESS	1116 LAKE TERRACE 106	
2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CHTARILLO, JULIUS	
3.3 STREET ADDRESS	1116 LAKE TERRACE 210	
3.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: George DeGeorge **SECRETARY REQUIRED** 1-10-98 561 721-1472

CR2E037 (10/97)