


FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90079 043 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 719224**

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	3. Date Incorporated or Qualified 09/01/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7158812
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  <b>MOLNAR, EUGENE</b> <b>1116 LAKE TERRACE</b> <b>BOYNTON BEACH FL 33426</b>	10. Name and Address of New Registered Agent 81 Name <b>GEORGE DE GEORGE</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1116 LAKE TERRACE #202</b> 83 84 City <b>BOYNTON BEACH</b> <b>FL</b> 85 Zip Code <b>33426</b>
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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 *George De George* **GEORGE DE GEORGE** 8 January, 1999  
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREADLEY, E LWOOD	1.2 NAME	
STREET ADDRESS	1116 LAKE TERRACE 215	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNZLINGER, RUSSELL	2.2 NAME	
STREET ADDRESS	1116 LAKE TERRACE 106	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH, FL 00000 33426	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIARILLO, JULIUS	3.2 NAME	
STREET ADDRESS	1116 LAKE TERRACE, 210	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH, FL 33435 33426	3.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE GEORGE, GEORGE	4.2 NAME	
STREET ADDRESS	1116 LAKE TERRACE #201	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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	

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: *George De George* **GEORGE DE GEORGE** 8 Jan 1999 561 732-1742  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (1/198)