

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90017 036 \*\*\*\*61.25

**DOCUMENT # 719224**

1. Entity Name

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

Principal Place of Business

Mailing Address

**ASSOCIATION INC  
 1116 LAKE TER  
 BOYNTON BEACH FL 33426-4229**

**ASSOCIATION INC  
 1116 LAKE TER  
 BOYNTON BEACH FL 33426-4229**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**23-7158812**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GEORGE DE GEORGE (Deceased)  
 1116 LAKE TERRACE  
 202  
 BOYNTON BEACH FL 33426~~

Name **KUCHIESKI, JOSEPH A**

Street Address (P.O. Box Number is Not Acceptable)

**1116 LAKE TERRACE, 212**

City **BOYNTON BCH, FL 33426**

**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.

SIGNATURE **JOSEPH A. KUCHIESKI, Treasurer**

*Joseph A. Kuchieski*

**20 February, 2002**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>REMMETT, RICHARD</b>	
STREET ADDRESS	<b>1116 LAKE TR 104</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MUNZLINGER, RUSSELL</b>	
STREET ADDRESS	<b>1116 LAKE TERRACE 106</b>	
CITY-ST-ZIP	<b>BOYNTON BCH FL 33426</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHIARILLO, JULIUS</b>	
STREET ADDRESS	<b>1116 LAKE TERRACE, 210</b>	
CITY-ST-ZIP	<b>BOYNTON BCH, FL 33435 33426</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>KUCHIESKI, JOSEPH A</b>	
STREET ADDRESS	<b>1116 LAKE TR 212</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33426</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TARANTO, ROSE</b>	
STREET ADDRESS	<b>1116 LAKE TERR 107</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33426</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SORIENTE, ALFONSE</b>	
STREET ADDRESS	<b>1116 LAKE TERR 211</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33426</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBERT, ARMAND</b>	
STREET ADDRESS	<b>1116 LAKE TERRACE 209</b>	
CITY-ST-ZIP	<b>BOYNTON BCH, FL 33426</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowers.

SIGNATURE: **RUSSELL MUNZLINGER, President**

**February, 2002 569 374-7916**

CR2E037 (9/01)