


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # 719224		
1. Entity 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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Zip	Country



02092007 Chg-NP CR2E037 (12/06)

4. FEI Number 23-7158812	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
KUCHIESKI, JOSEPH A 1116 LAKE TERRACE 212 BOYNTON BEACH, FL 33426	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERT, ARMAND			NAME			
STREET ADDRESS	1116 LAKE TR 104			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33426			CITY-ST-ZIP	000000680221 04/03/07-80070-006 61.25		
TITLE	P/D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADLEY, GARY			NAME			
STREET ADDRESS	1116 LAKE TERRACE 215			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BCH, FL 33426			CITY-ST-ZIP			
TITLE	S/D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUFFY, BARBARA			NAME			
STREET ADDRESS	1116 LAKE TERRACE 110			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33426			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUCHIESKI, JOSEPH A			NAME			
STREET ADDRESS	1116 LAKE TR 212			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33426			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOLIRNIER, MICHAEL			NAME			
STREET ADDRESS	1116 LAKE TERRACE 213			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33426			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, JOANN			NAME			
STREET ADDRESS	1116 LAKE TERRACE 115			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33426			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered.

SIGNATURE:  John Porter Date: 2-9-07 Daytime Phone #: 561-752-5994