


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90015 002 ****61.25

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

60043243



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03272008 Chg-NP CR2E037 (12/06)

4. FEI Number
23-7158812

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 **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. 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)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	ROBERT, ARMAND	
STREET ADDRESS	1116 LAKE TR 104	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	P/D	<input checked="" type="checkbox"/> Delete
NAME	BRADLEY, GARY	
STREET ADDRESS	1116 LAKE TERRACE 215	
CITY-ST-ZIP	BOYNTON BCH, FL 33426	
TITLE	S/D	<input checked="" type="checkbox"/> Delete
NAME	DUFFY, BARBARA	
STREET ADDRESS	1116 LAKE TERRACE 110	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KUCHIESKI, JOSEPH A	
STREET ADDRESS	1116 LAKE TR 212	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOLIRNIER, MICHAEL	
STREET ADDRESS	1116 LAKE TERRACE 213	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, JOANN	
STREET ADDRESS	1116 LAKE TERRACE 115	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Midlin, Kathleen	
STREET ADDRESS	1116 Lake Terr, #	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brodsky, Ann	
STREET ADDRESS	1116 Lake Tr. # 116-G	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vanderwert, Jane	
STREET ADDRESS	1116 Lake Terr, #	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Joanne	
STREET ADDRESS	1116 Lake Terr, #	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Porter	
STREET ADDRESS	400 S Fed Hwy Ste 404	
CITY-ST-ZIP	B.B. FL 33435	

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* **John Porter Dir** **04/17/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #