

2000 UNIFORM BUSINESS REPORT (UBR)

3/12

FILED
May 09, 2000 8:00 am
Secretary of State

03-23-2000 90042 022 ****61.25

DOCUMENT # 719229
 1. Entity Name
LEISUREVILLE LAKE UNIT H CONDOMINIUM ASSOCIATION

Principal Place of Business 1118 LAKE TERRACE BOYNTON BEACH FL 33426	Mailing Address 1118 LAKE TERRACE BOYNTON BEACH FL 33426-4277
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-1446292	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GROMO & PORTER, INC.
306 E BOYNTON BCH BLVD
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent
 Name: **Gromo, Porter & Associates**
 Street Address: **306 East Boynton Beach Blvd.**
 City: **Boynton Beach, FL 33435**

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: *[Signature]* DATE: **4/4/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME P ARMSTRONG, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS 1118 LAKE TERR 216	
CITY-ST-ZIP BOYNTON BCH, FL 00000	
TITLE NAME TD RIDINGER, WAYNE	<input type="checkbox"/> Delete
STREET ADDRESS 1118 LAKE TERRACE 109	
CITY-ST-ZIP BOYNTON BCH, FL 00000	
TITLE NAME VP TOTH, MARY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1118 LAKE TERR 201	
CITY-ST-ZIP BOYNTON BCH, FL 00000	
TITLE NAME D HOWELL, ANNA	<input type="checkbox"/> Delete
STREET ADDRESS 1118 LAKE TERR 111	
CITY-ST-ZIP BOYNTON BCH, FL 00000	
TITLE NAME SD DUFFY, RUTH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1118 LAKE TERR 202	
CITY-ST-ZIP BOYNTON BCH, FL 00000	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS MILDRED HINKLE	
CITY-ST-ZIP 1118 LAKE TERR H 1104	
TITLE NAME D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS Barbara Hansen	
CITY-ST-ZIP 1118 Lake Terrace H-110	
TITLE NAME D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS WILLIAM ELSNER	
CITY-ST-ZIP 1118 LAKE TERRACE H 205	
TITLE NAME SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS AADETH ARMSTRONG	
CITY-ST-ZIP 1118 LAKE TERRACE H 209	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *Wayne Ridinger* **3-13-2000** Date Daytime Phone #

CR2E037 (9/99)