


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91012 035 ****61.25

DOCUMENT # 719229

1. Entity Name
LEISUREVILLE LAKE UNIT H CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1118 LAKE TERRACE
BOYNTON BEACH FL 33426**

Mailing Address
**1118 LAKE TERRACE
BOYNTON BEACH FL 33426**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-1446292**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GREMKO, PORTER & ASSOCIATES
306 E BOYNTON BCH BLVD
BOYNTON BEACH FL 33435**

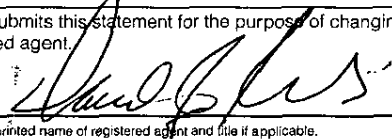
7. Name and Address of New Registered Agent

Name

Street A **M.J. Gallup, Accounting & Management
235 NE Sixth Avenue, Suite D
Delray Beach, FL 33483**

City 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  **DAVID S. DUBA** **4-4-03**

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	ARMSTRONG, JAMES	
STREET ADDRESS	1118 LAKE TERRACE 209	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RIDINGER, WAYNE	
STREET ADDRESS	1118 LAKE TERRACE 109	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARB, HANSEN	
STREET ADDRESS	1118 LAKE TERRACE 110	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWELL, ANNA	
STREET ADDRESS	1118 LAKE TERRACE 111	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	P	<input type="checkbox"/> Delete
NAME	HINKLE, MILDRED	
STREET ADDRESS	1118 LAKE TERRACE 104	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	D	<input type="checkbox"/> Delete
NAME	BILL, ELSNER	
STREET ADDRESS	1118 LAKE TERRACE 205	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARMSTRONG ARDETH	
STREET ADDRESS	1118 LAKE TERRACE 209	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
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 empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (10/02)