

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723227 (5)
1. Corporation Name
LEISUREVILLE LAKE UNIT N CONDOMINIUM ASSOCIATION
, INC.



Principal Place of Business Mailing Address
1802 OCEAN DRIVE 1802 OCEAN DRIVE
BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426

3. Date Incorporated or Qualified 04/21/1972 3a. Date of Last Report 01/30/1995
4. FEI Number 59-1911119 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent

PEIFFER, MILDRED
1802 OCEAN DRIVE
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Mildred Peiffer*
Signature typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PEIFFER, MILDRED	1.2 NAME	
STREET ADDRESS	1802 OCEAN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FLOOD, AGNES C.	2.2 NAME	
STREET ADDRESS	1802 OCEAN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COUGHLIN, JOSEPH	3.2 NAME	
STREET ADDRESS	1802 OCEAN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, ROBERT S.	4.2 NAME	
STREET ADDRESS	1802 OCEAN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	4.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BOCHERT, GUSTAVE	5.2 NAME	
STREET ADDRESS	1802 OCEAN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MILDRED PEIFFER *Mildred Peiffer* 1/26/96 407-737-5178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)