

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

1802 OCEAN DRIVE
BOYNTON BEACH FL 33426

Mailing Address

1802 OCEAN DRIVE
BOYNTON BEACH FL 33426-42713. Date Incorporated or Qualified
04/21/19723a. Date of Last Report
02/12/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1911119

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEIFFER, MILDRED
1802 OCEAN DRIVE
BOYNTON BEACH FL 33426

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, Treasurer

2/7/97

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	☐ DELETE
NAME	PEIFFER, MILDRED	
STREET ADDRESS	1802 OCEAN DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	SD	☒ DELETE
NAME	FLOOD, AGNES C.	
STREET ADDRESS	1802 OCEAN DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VD	☐ DELETE
NAME	COUGHLIN, JOSEPH	
STREET ADDRESS	1802 OCEAN DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	☒ DELETE
NAME	RUSSELL, ROBERT S.	
STREET ADDRESS	1802 OCEAN DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	PD	☒ DELETE
NAME	BOCHERT, GUSTAVE	
STREET ADDRESS	1802 OCEAN DRIVE	
CITY-ST-ZIP	BOYNTON BCH. FL	
TITLE	PD	☐ DELETE
NAME	HOGAN, WILLIAM	
STREET ADDRESS	1802 OCEAN DRIVE	
CITY-ST-ZIP	BOYNTON BCH, FL	

1.1 TITLE	SD	☐ Change ☐ Addition
1.2 NAME	MILDRED BERG	
1.3 STREET ADDRESS	1802 OCEAN DRIVE	
1.4 CITY-ST-ZIP	BOYNTON BCH, FL	
2.1 TITLE	D	☐ Change ☐ Addition
2.2 NAME	BERNARD GILNETTI	
2.3 STREET ADDRESS	1802 OCEAN DRIVE	
2.4 CITY-ST-ZIP	BOYNTON BCH, FL	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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, Treasurer

2/7/97

Date

Daytime Phone # 0041711

CR2E037 (9/96)