

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723227

1. Entity Name

LEISUREVILLE LAKE UNIT N CONDOMINIUM ASSOCIATION

Principal Place of Business

1802 OCEAN DRIVE
BOYNTON BEACH FL 33426

Mailing Address

1802 OCEAN DRIVE
BOYNTON BEACH FL 33426-4271

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1911119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEIFFER, MILDRED
1802 OCEAN DRIVE
BOYNTON BEACH FL 33426

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.

SIGNATURE

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete
NAME MILDRED BERG
STREET ADDRESS 1802 OCEAN DR
CITY-ST-ZIP BOYNTON BCH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME BERNARD GILMETTI
STREET ADDRESS 1802 OCEAN DR
CITY-ST-ZIP BOYNTON BEACH FL

TITLE D ☒ Change ☐ Addition
NAME MARJORIE COUGHLIN
STREET ADDRESS 1802 OCEAN DR
CITY-ST-ZIP BOYNTON BEACH, FL

TITLE VD ☐ Delete
NAME MCCONACHIE, LEE
STREET ADDRESS 1802 OCEAN DR
CITY-ST-ZIP BOYNTON BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME HOGAN, WILLIAM
STREET ADDRESS 1802 OCEAN DR
CITY-ST-ZIP BOYNTON BCH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME MILDRED PEIFFER
STREET ADDRESS 1802 OCEAN DR
CITY-ST-ZIP BOYNTON BCH FL 33426

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

William Hogan 561
734-0150
Date Daytime Phone #

CR2E037 (9/99)