

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Ortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 725725 (6)
1. Corporation Name
LEISURE LAKE CIRCLE CONDOMINIUM ASSOCIATION, INCPrincipal Place of Business
200 LEISURE LAKE CIRCLE
BOYNTON BEACH FL 33426Mailing Address
200 LEISURE LAKE CIRCLE
BOYNTON BEACH FL 33426-42053. Date Incorporated or Qualified 03/05/1973
3a. Date of Last Report 02/16/19964. FEI Number 59-1585178
Applied ☐ Not Applied ☐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

2. Principal Place of Business

2b. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

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 PDE PRESIDENT/DIRECTOR ☐ DELETE
NAME FRANCH, DOUGLAS J. FRANCH, DOUGLAS J
STREET ADDRESS 200 LEISURE LAKE CIR. #107
CITY-ST-ZIP BOYNTON BCH FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE SD SECRETARY/DIRECTOR ☐ DELETE
NAME THOMAS, JEANE DEANE
STREET ADDRESS 101 LEISURE LAKE CIRCLE SUITE 101
CITY-ST-ZIP BOYNTON BEACH FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE DIRECTOR ☐ DELETE
NAME PRITCHARD, T.
STREET ADDRESS 100 LEISURE LAKE CIRCLE
CITY-ST-ZIP BOYNTON BEACH, FL 000003.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE DIRECTOR ☐ DELETE
NAME FIELD, JOHN
STREET ADDRESS 101 LEISURE LAKE CIRCLE SUITE 101
CITY-ST-ZIP BOYNTON BEACH FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE DIRECTOR ☐ DELETE
NAME O'BEIRNE, MILDRED
STREET ADDRESS 201 LEISURE LAKE CIRCLE SUITE 110
CITY-ST-ZIP BOYNTON BEACH FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE TD TREASURER/DIRECTOR ☐ DELETE
NAME DEPP, ROBERT / DEPP, ROBERT
STREET ADDRESS 101 LEISURE LAKE CIRCLE SUITE 110
CITY-ST-ZIP BOYNTON BEACH FL6.1 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041700

CR2E037 (9/96)