## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

## **DOCUMENT # 725725**

## LEISURE LAKE CIRCLE CONDOMINIUM ASSOCIATION, INC

Principal Place of business
200 LEISURE LAKE CIRCLE
BOYNTON REACH EL 33426

Mailing Address

200 LEISURE LAKE CIRCLE **BOYNTON BEACH FL 33426** 

## **FILED** Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90197 046 \*\*\*\*61.25



2. Principal Pl	Place of Business Za. Mailing Address								03/05/1973								
1 Cuito Ant	# 010	26	Suite, Apt. #, e	tc			-	4. FEI N		<u> </u>				I A	pplied For		
Suite, Apt.	#, etc.		Suite, Apr. #, e	iic.			1		58517	7 <b>8</b>					ot Applicable		
City & State	0	27	City & State				-								Additional		
3								5. Certifcate of Status Desired							Fee Required		
Zip	Country		Zip	c	ountry			6. Election	on Cam	paign Fii	nancing	п п			May Be		
4 25 29 30					0			Trust Fund Contribution Added to Fees									
	9. Name and Address of Current	81		1	10. Name	and A	ddress	of New	Regist	ered A	\gent						
						Name	DEANE, THOMAS										
FRENCH, DOUGLAS J						Street A	Address	(P.O. Bo	x Numb	er is No	t Accep	table)					
200 LEISU		101	<u>LEIS</u>	SURE	LAK	e C	<u>12. </u>	# 10	/								
_	BEACH FL 33426	83															
		84	City _								85 Zip	Code					
	_					"./Bc	3YN7	TON I	SEAC	14	•		<u>FL</u>	1 3	3426		
11. Pursuant	to the provisions of Sections 617.0502 egistered egent, or both, in the State of	and 6	17.1508, Florida	Statutes, the	above	-named o	corpora	tion subm	its this :	statemer	nt for the	e purpo	se of o	changing it tment as r	s registered egistered		
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of	, Section 617.05	603, Florida St	atutes		<i>7</i> 1 au011 9	Dodia oi	4110000	J. 1 11010	,	<b></b>	1				
SIGNATURE	( // VO es -	56	CAETAA!	TAHO	MA	< i >	EAL	Æ			$\mathcal{I}$	_ _B_:	s <i>19</i>	1			
	Signature registered agent a			(NOTE: Registe		t signature re	why beniupe					CELOCI	TE/	NOCCT	ODE IN 12		
12.	OFFICERS AND	DIRE		1:		- 1			IONS/CI	HANGE	5 10 0	FFICE	CO MINI	Change	ORS IN 12  Addition		
πιε	TD		☐ DEI		TITLE		VD								Addition		
NAME	WHEATLEY, GAIL			1	NAME		ନୃଷ୍ଣ	ATE	,60	us ,	<b>.</b>	_	# 14	01/			
STREET ADDRESS	301 LEISURE LAKE CIR #103				1.3 STREET ADDRESS			& Le	ızriy	KE T	ALE	: C.C.	· T / I	υ <del>γ</del>			
CITY-ST-ZIP	BOYNTON BCH FL				CITY-S	T-ZIP		סדעה	N D	EACH	<u> </u>	<u></u>	33	<u>નેઢેઠ</u> ⊓Change	Addition		
TΠLÊ	SD		☐ DEI		TITLE		PD	<b>)</b>	~					_j Change	, addition		
NAME	THOMAS, DEANE				NAME							~~					
STREET ADDRESS	101 LEISURE LAKE CIRCLE SUITE 101					2.3 STREET ADDRESS			HOB LEISUIZE HAKE CR. \$107 BOYNTON BEACH, FL 33426								
CITY-ST-ZIP	BOYNTON BEACH FL				CITY-S	T-ZIP	Coy	'ለንገር!	<u>0 0</u>	EACH	4, E	<u></u>	339	<u>∤26</u> □Change	Addition		
TITLE	D		☐ DEL	<b>I</b> '	TITLE									Change			
NAME	Sutherland, Gordon			3.2	NAME												
STREET ADDRESS	401 LEISURE LAKE CIR #103			3.3	STREET	ADDRESS									•		
CITY-ST-ZIP	BOYNTON BEACH, FL 00000				CITY-S	it-ZIP								F7.01			
TITLE	D		☐ DEI	LETE 4.1	TITLE									☐ Change	☐ Addition		
NAME	FIELD, JOHN			4.	2 NAME	}											
STREET ADDRESS	101 LEISURE LAKE CIR STE 102	2		4.3	STREE	ADDRESS											
CITY-ST-ZIP	BOYNTON BEACH FL	,			CITY-S	T-ZIP											
TITLE	PD		DEI	.ETE 5.1	TITLE					-				Change	Addition		
NAME	PASSMORE, SYLVIA			1	NAME							•					
STREET ADDRESS	<b> </b>			5.3	STREET	ADDRESS							,				
CITY-ST-ZIP	BOYNTON BEACH FL				CITY-S	T-ZIP				· · · · ·	:				· · · · · · · · · · · · · · · · · · ·		
TITLE	D		☐ DEI		TITLE	j				•				Change	Addition		
NAME	DESANTIS, VITO			6.2	NAME												
STREET ADDRESS				6.3	STREE	TADDRESS											
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BOYNTON BEACH FL 14. 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 annual report or suppliemental 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 repeiver 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 atjachment with an address, with all other like empowered.

SIGNATURE: