## NOT-FOR-PROFIT CORPORATION

## Jan 26, 2004 8:00 am UNIFORM BUSINESS REPORT (UBR) **Secretary of State** DOCUMENT # 1. Entity Name Palm Beach Leisureville Summers 01-26-2004 90058 017 \*\*\*\*61.25 Lake Apts. Building # 1 condominium associ, inc. DO NOT WRITE IN THIS SPACE 44004434 2. Principal Place of Business 3. Mailing Address 3L Leisureville Summer's Suite, Apt. #, etc. Lake & Building#1 POL Leisureville 2001 SW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Condominium ASSOC, INC City & State City & State 4. FEI Number Applied For Boynton Beach 59 - 6600814 Boynton Seach Not Applicable Country \$8.75 Additional 33426 5. Certificate of Status Desired USA 33426 UBA Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 107 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. I am familiar with, and accept the obligations of registered agent. 9. Election Campaign Financing FEE IS \$61.25 **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Initial or Amended UBR Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. TITLE treasurer CR2E037B (12/02) Brunner NAME Judith NAME 13th Ave STREET ADDRESS 2001 SW STREET ADDRESS CITY-ST-ZIP 33426 Bounton Beach, FL CITY-ST-ZIP president NAME NAME Donald 200150 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Bounton CITY-ST-ZIP TITLE vice' president TITLE NAME NAME STREET ADDRESS 20.0-1\_5 W 3+h-Ave -- Apt 107 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP Bounton Beach TITLE Secretary TITLE IN THIS SPACE NAME Wilson NAME STREET ADDRESS SW 13th Ave. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Bounton dire'ctor: TITLE NAME NAME STREET ADDRESS 2001 SW 13th Ave. Apt. 103 STREET ADDRESS CITY-ST-ZIP Beach, FL CITY-ST-ZIP Boynton TITLE director TITI F

Beach, FL 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 cath; 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 on an attachment with an address, with all other like empowered.

33426

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

Judith M. Faulise 2001 Sw 13th Ave

NAME

STREET ADDRESS

FILED