FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747112 (1)

1. Corporation Name

LEISUREVILLE LAKE UNIT O CONDOMINIUM ASSOCIATION , INC.

Principal Place of Business	Mailing Address
C/O 1804 OCEAN DR BOYNTON BCH FL 33426	C/O 1804 OCEAN DR BOYNTON BCH FL 33426

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1979
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-1911120 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

H JOHN KRUITHOF
1804 OCEAN DRIVE APT 109
BOYNTON BCH FL 33426

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P.D. ☒ Change ☐ Addition
NAME	ALGERA, ALBERT J	1.2 NAME	MARVIN ANDERSON
STREET ADDRESS	115 SIESTA AVE	1.3 STREET ADDRESS	1804 OCEAN DRIVE, APT. 112
CITY-ST-ZIP	BOYNTON BCH, FL 00000	1.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33426
TITLE	T	2.1 TITLE	T.D. ☐ Change ☐ Addition
NAME	KRUITHOF, ANNA M	2.2 NAME	KRUITHOF, ANNA. M
STREET ADDRESS	1804 OCEAN DR, APT. 109	2.3 STREET ADDRESS	804 OCEAN DRIVE, APT. 109
CITY-ST-ZIP	BOYNTON BCH, FL 00000	2.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33426
TITLE	S	3.1 TITLE	S.D. ☐ Change ☐ Addition
NAME	KRUITHOF, JOHN H	3.2 NAME	KRUITHOF JOHN. H
STREET ADDRESS	1804 OCEAN DR, APT. 109	3.3 STREET ADDRESS	1804 OCEAN DRIVE, APT 109
CITY-ST-ZIP	BOYNTON BCH, FL 00000	3.4 CITY-ST-ZIP	BOYNTON BEACH. FL. 33426
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] DIRECTOR/SECRETARY FEB. 16-1995 (407) 737-9394
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0049080