

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified **05/08/1979** 3a. Date of Last Report **03/06/1995**
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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**H JOHN KRUTHOF
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 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

(If Other Registered Agent signature required when registered)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD ANDERSON, MARVIN**
STREET ADDRESS **1804 OCEAN DR #112**
CITY-ST-ZIP **BOYNTON BCH, FL 00000**
TITLE ☒ DELETE
NAME **TD KRUTHOF, ANNA M**
STREET ADDRESS **1804 OCEAN DR, APT. 109**
CITY-ST-ZIP **BOYNTON BCH, FL 00000**
TITLE ☐ DELETE
NAME **SD KRUTHOF, JOHN H**
STREET ADDRESS **1804 OCEAN DR, APT. 109**
CITY-ST-ZIP **BOYNTON BCH, FL 00000**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP **zip 33426**
11 TITLE ☐ Change ☒ Addition
21 NAME **TD DORIS A. GUDMUNDSON**
22 STREET ADDRESS **1206 S.W. 22nd STREET**
23 CITY-ST-ZIP **BOYNTON BEACH, FL. 33426**
31 TITLE ☐ Change ☒ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP **zip 33426**
41 TITLE ☐ Change ☒ Addition
42 NAME **D HAROLD ROBY**
43 STREET ADDRESS **1804 OCEAN DR. #106**
44 CITY-ST-ZIP **BOYNTON BEACH, FL. 33426**
51 TITLE ☐ Change ☒ Addition
52 NAME **D EDWARD READING**
53 STREET ADDRESS **1804 OCEAN DR. #108**
54 CITY-ST-ZIP **BOYNTON BEACH, FL. 33426**
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(k), 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: *Doris A. Gudmundson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96 407-734-3423

Date

Daytime Phone #

CR2E037 (12/95)