


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90079 043 ****61.25

0042954

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 719224

1. Corporation Name

LEISUREVILLE LAKE UNIT G CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

ASSOCIATION INC
1116 LAKE TER
BOYNTON BEACH FL 33426-4229

Mailing Address

ASSOCIATION INC
1116 LAKE TER
BOYNTON BEACH FL 33426-4229



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/01/1970	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-7158812	
24 Country		29 Country		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MOLNAR, EUGENE 1116 LAKE TERRACE BOYNTON BEACH FL 33426				81 Name GEORGE DE GEORGE	
				82 Street Address (P.O. Box Number is Not Acceptable) 1116 LAKE TERRACE #202	
				83	
				84 City BOYNTON BEACH	
				85 FL	
				86 Zip Code 33426	

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 George De George **GEORGE DE GEORGE** **8 January, 1999**
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREADLEY, E.LWOOD	1.2 NAME	
STREET ADDRESS	1116 LAKE TERRACE 215	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNZLINGER, RUSSELL	2.2 NAME	
STREET ADDRESS	1116 LAKE TERRACE 106	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH, FL 00000 33426	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIARILLO, JULIUS	3.2 NAME	
STREET ADDRESS	1116 LAKE TERRACE, 210	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH, FL 33435 33426	3.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE GEORGE, GEORGE	4.2 NAME	
STREET ADDRESS	1116 LAKE TERRACE #201	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: George De George **GEORGE DE GEORGE** **8 Jan 1999** **561 732-1742**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)