

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90024 001 ****61.25

DOCUMENT # 747112

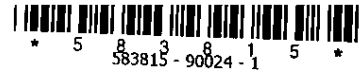
Corporation Name

**LEISUREVILLE LAKE UNIT O CONDOMINIUM ASSOCIATION
, INC.**

Principal Place of Business

C/O 1804 OCEAN DR
BOYNTON BCH FL 33426

Mailing Address

C/O 1804 OCEAN DR
BOYNTON BCH FL 33426

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/08/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1911120	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29	30		

9. Name and Address of Current Registered Agent

ANDERSON, MARVIN
1804 OCEAN DR #112
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
85	Zip Code

I, 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
2. OFFICERS AND DIRECTORS					
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.5 ADDITIONAL INFORMATION	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	2.5 ADDITIONAL INFORMATION	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	3.5 ADDITIONAL INFORMATION	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	4.5 ADDITIONAL INFORMATION	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	5.5 ADDITIONAL INFORMATION	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	6.5 ADDITIONAL INFORMATION	

4. 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: DORIS AS GUDMUNDSON, DT REQUIRED *Doris Gudmundson* 7-1-99 561-734-3423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

583815-90024-1

747112

DOCUMENT # 747112

LIESUREVILLE LAKE UNIT O CONDOMINIUS ASSOCIATION, INC.

#13 ADDITIONS TO DIRECTORS:

D

BILL D'ELIA

1804 OCEAN DR. #107

BOYNTON BEACH, FL. 33426