

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 747112

1. Entity 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**



02122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1911120	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, MARVIN
1804 OCEAN DR #112
BOYNTON BCH, FL 33426**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000054560
02/17/04-80001-013 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, MARVIN 1804 OCEAN DR #112 BOYNTON BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALLEY, RONALD R 1804 OCEAN DR #101 BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT D'ELIA, WILLIAM 1804 OCEAN DR #107 BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT VICKERY, DONNA 1804 OCEAN DR #111 FORT LAUDERDALE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD LIPARI, JOSEPH 1804 OCEAN BEACH DR #106 BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WAHLSTROM, MERLE 1804 OCEAN DR #109 BOYNTON BEACH, FL 33426

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ronald R. Galley **RONALD R. GALLEY** 2-12-04 561 739-9860