

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90004 046 \*\*\*\*61.25

**DOCUMENT # 723227**

1. Entity Name

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



Principal Place of Business

**1802 OCEAN DRIVE  
BOYNTON BEACH FL 33426**

Mailing Address

**1802 OCEAN DRIVE  
BOYNTON BEACH FL 33426**

**24037005**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-191119**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PEIFFER, MILDRED  
1802 OCEAN DRIVE  
BOYNTON BEACH FL 33426**

7. Name and Address of New Registered Agent

Name **SHIRLEY F. WEDEKING**

Street Address (P.O. Box Number is Not Acceptable)  
**1802 OCEAN DR**

City **BOYNTON BEACH**

**FL**

Zip Code  
**33426**

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

*Shirley F. Wedeking*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/4/04**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **MILDRED BERG**  
STREET ADDRESS **1802 OCEAN DR**  
CITY-ST-ZIP **BOYNTON BCH FL**

TITLE **VD** ☐ Delete  
NAME **COUGHLIN, JOSEPH**  
STREET ADDRESS **1802 OCEAN DR**  
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **SD** ☐ Delete  
NAME **AMES, JOYCE**  
STREET ADDRESS **1802 OCEAN DR**  
CITY-ST-ZIP **BOYNTON BCH FL**

TITLE **TD** ☐ Delete  
NAME **MILDRED PEIFFER**  
STREET ADDRESS **1802 OCEAN DR**  
CITY-ST-ZIP **BOYNTON BCH FL 33426**

TITLE **D** ☒ Delete  
NAME **HOGAN, WILLIAM**  
STREET ADDRESS **1802 OCEAN DR**  
CITY-ST-ZIP **BOYNTON BCH FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition  
NAME **MILDRED PEIFFER**  
STREET ADDRESS **1802 OCEAN DR**  
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition  
NAME **SHIRLEY F. WEDEKING**  
STREET ADDRESS **1802 OCEAN DR**  
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

12. 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 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:

*Mildred M. Berg - President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/4/04**