2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 747112

1. Entity Name
LEISUREVILLE LAKE UNIT O CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O 1804 OCEAN DR 101 BOYNTON BCH, FL 33426	C/O 1804 OCEAN DR 101 BOYNTON BCH, FL 33426

01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1911120
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GALLEY, RONALD R
1804 OCEAN DR
APT 101
BOYNTON BCH, FL 33426

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000423377
02/18/06-80006-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	ANDERSON, MARVIN
STREET ADDRESS	1804 OCEAN DR #112
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	P
NAME	GALLEY, RONALD R
STREET ADDRESS	1804 OCEAN DR #101
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	MD
NAME	D'ELIA, WILLIAM
STREET ADDRESS	1804 OCEAN DR #107
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	T
NAME	BENNETT, GARY
STREET ADDRESS	1804 OCEAN DRIVE #108
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	S
NAME	WAHLSTROM, MERLE
STREET ADDRESS	1804 OCEAN DR #109
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: R Galley RONALD R. GALLEY 1/11/06 561 739-9860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

President