
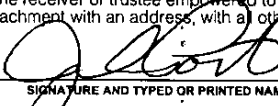


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90015 002 \*\*\*\*61.25

<b>DOCUMENT # 719224</b> 1. Entity Name <b>LEISUREVILLE LAKE UNIT G CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>ASSOCIATION INC 1116 LAKE TER BOYNTON BEACH, FL 33426-4229</b>			Mailing Address <b>ASSOCIATION INC 1116 LAKE TER BOYNTON BEACH, FL 33426-4229</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>KUCHIESKI, JOSEPH A 1116 LAKE TERRACE 212 BOYNTON BEACH, FL 33426</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VSD	<input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROBERT, ARMAND		NAME	Midlin, Kathleen	
STREET ADDRESS	1116 LAKE TR 104		STREET ADDRESS	1116 Lake Terr, #	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	P/D	<input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRADLEY, GARY		NAME	Brodsky, Ann	
STREET ADDRESS	1116 LAKE TERRACE 215		STREET ADDRESS	1116 Lake Tr. # 116-G	
CITY-ST-ZIP	BOYNTON BCH, FL 33426		CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	S/D	<input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DUFFY, BARBARA		NAME	Vanderwerf, Jane	
STREET ADDRESS	1116 LAKE TERRACE 110		STREET ADDRESS	1116 Lake Terr, #	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUCHIESKI, JOSEPH A		NAME	Williams, Joanne	
STREET ADDRESS	1116 LAKE TR 212		STREET ADDRESS	1116 Lake Terr, #	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOLIRNIER, MICHAEL		NAME	Williams, Joanne	
STREET ADDRESS	1116 LAKE TERRACE 213		STREET ADDRESS	1116 Lake Terr, #	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILLIAMS, JOANN		NAME	John Porter	
STREET ADDRESS	1116 LAKE TERRACE 115		STREET ADDRESS	400 S Fed Hwy Ste 404	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	B.B. FL 33435	
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.					
<b>SIGNATURE:</b> 			<b>John Porter Dir</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>04/17/08</b> Daytime Phone #		

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03272008 Chg-NP CR2E037 (12/06)

4. FEI Number **23-7158812** Applied For ☐ Not Applicable ☐

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