

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747112

FILED
Jan 14, 2009
Secretary of State

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

Current Principal Place of Business:

C/O 1804 OCEAN DR
101
BOYNTON BCH, FL 33426

New Principal Place of Business:

Current Mailing Address:

C/O 1804 OCEAN DR
101
BOYNTON BCH, FL 33426

New Mailing Address:

FEI Number: 59-1911120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: FRANKSEOTT, SCOTT
Address: 1804 OCEAN DR., 103
City-St-Zip: BOYNTON BEACH, FL 33426

Title: P () Delete
Name: GALLEY, RONALD R
Address: 1804 OCEAN DR #101
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MD () Delete
Name: HENDRICKS, RICHARD
Address: 1804 OCEAN DR., 113
City-St-Zip: BOYNTON BEACH, FL 33426

Title: T () Delete
Name: BENNETT, GARY
Address: 1804 OCEAN DRIVE #108
City-St-Zip: BOYNTON BEACH, FL 33426

Title: S () Delete
Name: WAHLSTROM, MERLE
Address: 1804 OCEAN DR #109
City-St-Zip: BOYNTON BEACH, FL 33426

Title: V () Delete
Name: PINELLI, CONNIE
Address: 1804 OCEAN DRIVE 106
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: SCOTT, FRANKLIN
Address: 1804 OCEAN DR., 103
City-St-Zip: BOYNTON BEACH, FL 33426

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD R. GALLEY

P

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date