

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747112

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

C/O 1804 OCEAN DR  
106  
BOYNTON BCH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

C/O 1804 OCEAN DR  
106  
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:**

PINELLI, CONNIE  
1804 OCEAN DR  
APT 106  
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: ASTS  
Name: LA DOUCEUR, JIM  
Address: 1804 OCEAN DR., 112  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: P  
Name: PINELLI, CONNIE  
Address: 1804 OCEAN DR #106  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VP  
Name: VICKREY, DONNA  
Address: 1804 OCEAN DR., 111  
City-St-Zip: BOYNTON BEACH, FL 33426

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

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

I hereby 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 all other like empowered.

SIGNATURE: CONNIE PINELLI

PRES

02/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date