

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90150 049 *****61.25

DOCUMENT # 747112

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



Principal Place of Business
**C/O 1804 OCEAN DR
BOYNTON BCH FL 33426**

Mailing Address
**C/O 1804 OCEAN DR
BOYNTON BCH FL 33426**

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 **59-191120**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ANDERSON, MARVIN
1804 OCEAN DR #112
BOYNTON BCH FL 33426**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	<input type="checkbox"/> Delete
NAME	ANDERSON, MARVIN	
STREET ADDRESS	1804 OCEAN DR #112	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TIMMONS, MARIE C	
STREET ADDRESS	1306 S.W. 23RD ST	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GALLEY, RONALD R	
STREET ADDRESS	1804 OCEAN DR., #101	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SGOMBICK, JOHN	
STREET ADDRESS	1804 OCEAN DR., #104	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, FRANKLIN	
STREET ADDRESS	1804 OCEAN DR, #103	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WAHLSTROM, MERLE	
STREET ADDRESS	1804 OCEAN DR #109	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLEY, RONALD R	
STREET ADDRESS	1804 OCEAN DR., #101	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	ACT-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D'ELIA, WILLIAM	
STREET ADDRESS	1804 OCEAN DR., #107	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	VP+AT D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICKREY, DONNA	
STREET ADDRESS	1804 OCEAN DR., #111	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	AS D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIPARI, JOSEPH	
STREET ADDRESS	1804 OCEAN DR., #106	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **MARVIN ANDERSON** *Marvin Anderson* 1/25/03 561-737-3906

CR2E037 (10/02)