

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715871

Entity Name: PALM BEACH LEISUREVILLE COMMUNITY ASSOCIATION,INC.**Current Principal Place of Business:**1007 OCEAN DRIVE
BOYNTON BEACH, FL 33426**Current Mailing Address:**1007 OCEAN DRIVE
BOYNTON BEACH, FL 33426 US**FEI Number: 59-1307192****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ASSOCIATED CORPORATE SERVICES, LLC
6111 BROKEN SOUND PARKWAY NW, SUITE 200
BOCA RATON, FL 33426 US*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

Officer/Director Detail :

Title DIRECTOR
Name DEFILIPPIS, EDMUND
Address 1114 SW 17TH STREET
City-State-Zip: BOYNTON BEACH FL 33426

Title SECRETARY
Name DIXON, JANET
Address 820 SW 18TH COURT
City-State-Zip: BOYNTON BEACH FL 33426

Title TREASURER
Name BOGERT, JIM
Address 721 SW LAKE COURT
104
City-State-Zip: BOYNTON BEACH FL 33426

Title DIRECTOR
Name KNUTSON, BARBARA
Address 2105 SW PARK DRIVE
City-State-Zip: BOYNTON BEACH FL 33426

Title DIRECTOR
Name EIDE, HAROLD
Address 1003 REPOSE AVE
City-State-Zip: BOYNTON BEACH FL 33426

Title DIRECTOR
Name FARRELL, LOUISE
Address 1909 SW 13TH AVE.
City-State-Zip: BOYNTON BEACH FL 33426

Title DIRECTOR
Name VILARDO, FRANK
Address 1102 SW 18TH STREET
City-State-Zip: BOYNTON BEACH FL 33426

Title VP
Name BEELER, PATRICIA
Address 2097 SW LAKE CIRCLE DRIVE
City-State-Zip: BOYNTON BEACH FL 33426

Continues on page 2

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: PETER SENFTLEBEN**PRESIDENT****03/17/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	PRESIDENT
Name	SENFTLEBEN, PETER
Address	119 NW 14TH STREET
City-State-Zip:	BOYNTON BEACH FL 33426