1007 OCEAN D BOYNTON BEA					
1007 OCEAN	ling Address: N DRIVE BEACH, FL 33426 US				
FEI Number	: 59-1307192		Certificate of Status Des	i red: No	
Name and A	ddress of Current Registered Agent:				
SUITE 408	NDLER SS CREEK ROAD LE, FL 33309 US				
The above named	l entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Flo	rida.	
SIGNATURE	E LEIGH C. KATZMAN			02/22/2018	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRESIDENT	Title	TREASURER		
Name	FARRELL, LOUISE	Name	MOBUS, DAVE		
Address	1007 OCEAN DRIVE	Address	1007 OCEAN DRIVE		
City-State-Zip:	BOYNTON BEACH FL 33426	City-State-Zip:	BOYNTON BEACH FL 33426		
Title	VP	Title	SECRETARY		
Name	EIDE, HAROLD	Name	CASSA, SHIRLEY		
Address	1007 OCEAN DRIVE	Address	1007 OCEAN DRIVE		
City-State-Zip:	BOYNTON BEACH FL 33426	City-State-Zip:	BOYNTON BEACH FL 33426		
Title	DIRECTOR	Title	DIRECTOR		
Name	COLE, CLIFFORD	Name	ERNST, DONALD		
Address	1007 OCEAN DRIVE	Address	1007 OCEAN DRIVE		
City-State-Zip:	BOYNTON BEACH FL 33426	City-State-Zip:	BOYNTON BEACH FL 33426		
Title	DIRECTOR	Title	DIRECTOR		
Name	LEE, CHRISTOPHER	Name	PALERMO, STEPHEN		
Address	1007 OCEAN DRIVE	Address	1007 OCEAN DRIVE		
City-State-Zip:	BOYNTON BEACH FL 33426	City-State-Zip:	BOYNTON BEACH FL 33426		
		•	•		

DOCUMENT# 715871

Entity Name: PALM BEACH LEISUREVILLE COMMUNITY ASSOCIATION, INC.

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

02/22/2018

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 22, 2018 **Secretary of State** CC3413161443

above, or on an attachment with all other like empowered. SIGNATURE: LOUISE FARRELL

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

PRESIDENT

Continues on page 2

Officer/Director Detail Continued :

Title	DIRECTOR
Name	PRESTON, ANNAMARIA
Address	1007 OCEAN DRIVE
City-State-Zip:	BOYNTON BEACH FL 33426