

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:**

WASSERSTEIN, P.A.  
301 YAMATO ROAD SUITE 2199  
BOCA RATON, FL 33431 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            PRESIDENT  
Name            COLE, CLIFFORD  
Address        1007 OCEAN DRIVE  
City-State-Zip: BOYNTON BEACH FL 33426

Title            TREASURER  
Name            VELAZQUEZ, HECTOR  
Address        1007 OCEAN DRIVE  
City-State-Zip: BOYNTON BEACH FL 33426

Title            VP  
Name            LEDSWORTH, DONALD  
Address        1007 OCEAN DRIVE  
City-State-Zip: BOYNTON BEACH FL 33426

Title            SECRETARY  
Name            COCCOLI, BEVERLEE  
Address        1007 OCEAN DRIVE  
City-State-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:** CLIFFORD COLE

**PRESIDENT**

**06/06/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date