

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 719224

**FILED**  
**Apr 13, 2016**  
**Secretary of State**  
**CC8990849870**

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

**Current Principal Place of Business:**

1116 LAKE TERRACE  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

P.O. BOX 1543  
BOYNTON BEACH, FL 33425-1543 US

**FEI Number:** 23-7158812

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HAMOR, TRUDY  
2391 SW 13TH WAY  
BOYNTON BEACH, 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: TRUDY HAMOR

04/13/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name MARTIN, ANDY  
Address LEISUREVILLE LAKE UNIT G  
1116 LAKE TER #113  
City-State-Zip: BOYNTON BEACH FL 33426

Title TREASURER  
Name BELLOTTO, SAM  
Address LEISUREVILLE LAKE UNIT G  
1116 LAKE TER #107  
City-State-Zip: BOYNTON BEACH FL 33426

Title DIRECTOR  
Name COLAMONICO, MARY JO  
Address LEISUREVILLE LAKE UNIT G  
1116 LAKE TER #114  
City-State-Zip: BOYNTON BEACH FL 33426

Title PRESIDENT  
Name EGAN, JOE  
Address LEISUREVILLE LAKE UNIT G  
1116 LAKE TER #206  
City-State-Zip: BOYNTON BEACH FL 33426

Title SECRETARY  
Name HAMOR, TRUDY  
Address 1116 LAKE TERR. #114  
City-State-Zip: BOYNTON BEACH FL 33126

*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: TRUDY HAMOR

SECRETARY

04/13/2016

Electronic Signature of Signing Officer/Director Detail

Date