

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723227

FILED
Feb 12, 2017
Secretary of State
CC0229580474**Entity Name:** LEISUREVILLE LAKE UNIT N CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1802 OCEAN DRIVE #113
BOYNTON BEACH, FL 33426**Current Mailing Address:**1802 OCEAN DRIVE #113
BOYNTON BEACH, FL 33426 US**FEI Number: 59-1911119****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KACZMARCZYK, BARBARA
1802 OCEAN DRIVE #113
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:** BARBARA KACZMARCZYK**02/12/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ASST. TREASURER
Name KACZMARCZYK, BARBARA
Address 1802 OCEAN DR., #113
City-State-Zip: BOYNTON BCH FL 33426

Title P
Name OFRIA, MARGARET
Address 1802 OCEAN DR, #110
City-State-Zip: BOYNTON BEACH FL 33426

Title SECRETARY
Name KACZMARCZYK, BARBARA
Address 1802 OCEAN DR #113
City-State-Zip: BOYNTON BCH FL 33426

Title BLOCK CAPTAIN
Name KACMARCZYK, DAVE
Address 1802 OCEAN DRIVE #113
City-State-Zip: BOYNTON BEACH FL 33426

Title DIRECTOR
Name WOOD, RICHARD
Address 1802 OCEAN DR. #101
City-State-Zip: BOYNTON BEACH FL 33426

Title DIRECTOR
Name BECK, MARGOT
Address 1802 OCEAN DR. #107
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: BARBARA KACZMARCZYK**SECRETARY****02/12/2017**

Electronic Signature of Signing Officer/Director Detail

Date