## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 725725** 

Entity Name: LEISURE LAKE CIRCLE CONDOMINIUM ASSOCIATION, INC.

**FILED** Mar 13, 2023 **Secretary of State** 3746731930CC

## **Current Principal Place of Business:**

200 LEISURE LAKE CIRCLE BOYNTON BEACH, FL 33426

## **Current Mailing Address:**

200 LEISURE LAKE CIRCLE BOYNTON BEACH, FL 33426 US

FEI Number: 59-1585178 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

RAYBALL, PATRICIA 200 LEISURE LAKE CIRCLE BOYTON 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: PATRICIA RAYBALL 03/13/2023

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title TREASURER

RAYBALL, MICHAEL RAYBALL, PATRICIA Name Name

100 LEISURE LAKE CIRCLE #109 100 LEISURE LAKE CIRCLE #105 Address Address

City-State-Zip: BOYNTON BEACH FL 33426 WATERVLIET NY 12189 City-State-Zip:

VΡ Title Title SECRETARY, RECORD CONTROL

**OFFICER** 

Name SPATAFORA, JAMES RAYBALL, JANICE Name

Address 200 LEISURE LAKE CIRCLE #108 100 LEISURE LAKE CIRCLE #109 Address BOYNTON BEACH FL 33426 City-State-Zip:

City-State-Zip: BOYNTON BEACH FL 33426

Title DIRECTOR Title DIR

Name FITZPATRICK, PETER MANGANELLI, DONNA Name 200 LAKE CIRCLE #103

Address Address 200 LEISURE LAKE CIRCLE #105 City-State-Zip: BOYNTON BEACH FL 33426

City-State-Zip: **BOYNTON BEACH FL 33426** 

Title ASST. TREASURER, DIRECTOR

DIRECTOR, ASST, SECRETARY Title Name COTTON, CINDY

Name O'MALLEY, BRENDA 201 LEISURE LAKE CIRCLE #101 Address

201 LEISURE LAKE CIRCLE #102 Address City-State-Zip: BOYNTON BEACH FL 33426

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.

03/13/2023 SIGNATURE: PATRICIA RAYBALL TREASURER

Date