2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #717262

LEISUREVILLE LAKE UNIT A CONDOMINIUM ASSOCIATION, INC.



FILED

Mar 27, 2007 8:00 am Secretary of State

561-752-5994

Daytime Phone #

03-27-2007 90012 026 ****61.25

				~~=		л	11117717	T			
400 S FEDER	e of Business RTER ACCOUNTING RAL HWY SUITE 404 EACH, FL 33435	Mailing Address 1114 LAKE TERRACE BOYNTON BEACH, FL									
Principal Place of Business - No P.O. Box # Mailing Address						- - - -					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			02092007	Chg-NP	CR2E03	7 (12/06)		
City & State		City & State				4. FEI Number 59-14462	98	•		plied For t Applicable	
Zip	Country	Zip	o Country			5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Current Re	gistered Agent	1			7. Name and Address of New Registered Agent					
					Name						
JOHN PORTER ACCOUNTING 400 S FEDERAL HWY				Street Address (P.O. Box Number is Not Acceptable)							
SUITE 404 BOYNTON BEACH, FL 33435											
				City				FL	Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Trust Fund Contribu			_		\$5.00 May Be Added to Fees			payable to		
10. OFFICERS AND DIRECTORS			11.			ADDITIONS/CHAN	GES TO OFFICE	RS AND DIF	RECTORS IN	10	
TITLE	T	☐ Delete	TITLE		P				Change	Addition	
NAME	DALE, DANIEL	□ Delete	NAME		'				C cege	<u> —</u> ооо	
STREET ADDRESS	1114 LAKE TERR. A202			T ADDRESS							
CITY-ST-ZIP			CITY-	ST-ZIP							
TITLE	P	Delete	TITLE						Change	Addition	
NAME	ZUHOSKI, JOSEPH		NAME	i							
STREET ADDRESS	1114 LAKE TERR. A109		STREE	T ADDRESS							
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-	ST-ZIP							
TITLE	VP	☐ Delete	TITLE						☐ Change	Addition	
NAME	SWEENEY, THOMAS		NAME								
STREET ADDRESS	1114 LAKE TERR. A210			T ADDRESS							
CITY-\$T-ZIP	BOYNTON BEACH, FL 33426		CITY-:	ST-ZIP							
TITLE	D	☐ Delete	TITLE						☐ Change	☐ Addition	
NAME	PORTER, JOHN		NAME								
STREET ADDRESS	1403 W BOYNTON BEACH BLVD	#9		I ADDRESS							
CITY+ST+ZIP	BOYNTON BEACH, FL 33426		CIIY-:	ST-ZIP						—	
TITLE	S	☐ Delete	TITLE						Change	Addition	
NAME	HASKINS, MARGARET		NAME								
STREET ADDRESS CITY-ST-ZIP	1114 LAKE TER A 208			T ADDRESS ST-ZIP							
	BOYNTON BEACH, FL 33426								Change	☐ Addition	
TITLE		☐ Delete	TITLE	1					Change	☐ Addition	
NAME STREET ADDRESS			NAME	T ADDRESS							
CITY-ST-ZIP				ST-ZIP						i	
12 Lbarabu	Entify that the information supplied with the	nis filing does not qualify for	or the ever	motions co	ontainer	d in Chapter 119 Fl	lorida Statutes 1	further certi	fy that the in	formation	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 expowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if											
of the corporation or the receiver or trustee suppowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
	$(\setminus A) $	ر سر		.1 .		_	ما ـ ا				

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

John Porter