


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90030 016 \*\*\*\*61.25

<b>DOCUMENT # 717395</b> 1. Entity Name <b>LEISUREVILLE LAKE UNIT C CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1111 LAKE TERR. BOYNTON BEACH, FL 33426</b>			Mailing Address <b>1111 LAKE TERR. BOYNTON BEACH, FL 33426</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03072007 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-1387221</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HUGYO, ELEANOR 1111 LAKE TERRACE APT. 202C BOYNTON BEACH, FL 33426</b>			7. Name and Address of New Registered Agent Name <b>JOSEPHINE LAIETA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1111 LAKE TERRACE 210C</b> City <b>BOYNTON BEACH</b> FL <b>FL</b> Zip Code <b>33426</b>		
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 <b>JOSEPHINE LAIETA</b> <i>Josephine Laieta</i> PRES 3-10-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRAN, ZIMMER <input type="checkbox"/> Delete 1111 LAKE TERR., 103C BOYNTON BEACH, FL 33426		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNYADY, JOHN <input checked="" type="checkbox"/> Delete 1111 LAKE TERR., 106C BOYNTON BEACH, FL 33426		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL AGARENZO <input type="checkbox"/> Change <input type="checkbox"/> Addition 1111 LAKE TERRACE APT 209C BOYNTON BEACH FL 33426	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOTTILE, MARIE <input checked="" type="checkbox"/> Delete 1111 LAKE TERRACE APT 111 BOYNTON BEACH, FL 33426		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOTTILE, MARIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1111 LAKE TERRACE APT 110C BOYNTON BEACH FL 33426	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERGERON, GERALD <input type="checkbox"/> Delete 1111 LAKE TERR., 207C BOYNTON BEACH, FL 33426		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAURENO ABBORINO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1111 LAKE TERRACE 107C BOYNTON BEACH FL 33426	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURIEL, BADALUCCO <input type="checkbox"/> Delete 1111 LAKE TERR., 102C BOYNTON BEACH, FL 33426		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE HUGYO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1111 LAKE TERRACE APT 202C BOYNTON BEACH FL 33426	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAIETA, JOSEPHINE <input checked="" type="checkbox"/> Delete 1111 LAKE TERRACE APT 210 BOYNTON BEACH, FL 33426		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAIETA JOSEPHINE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1111 LAKE TERRACE 210C BOYNTON BEACH FL 33426	
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 empowered 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.					
SIGNATURE: <i>Josephine Laieta</i> <b>JOSEPHINE LAIETA</b> 3-10-07 740-0292 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					