

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90038 021 ****61.25

DOCUMENT # 718733 1. Entity Name LEISUREVILLE LAKE UNIT E CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1115 LAKE TERR. BOYNTON BEACH, FL 33426-4237			Mailing Address 1115 LAKE TERR. 105 BOYNTON BEACH, FL 33426-4282		
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	
4. FEI Number 59-1378331				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GELFAND, MICHAEL J PA. 1555 PALM BEACH LAKES BLVD SUITE 1220 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name EDWARD DICKER Street Address (P.O. Box Number is Not Acceptable) Dicker, Krivok & Stoloff, P.A. 1818 Australian Avenue South, Suite 400 City West Palm Beach FL Zip Code 33409		
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 <i>Edwards</i> <i>Edward Dicker</i> 4/23/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEST, CARMEN		NAME	WHITE, MARJORIE	
STREET ADDRESS	1115 LAKE TERRACE, #105		STREET ADDRESS	1115 Lake Terrace, #107	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIETSCHY, VIVIANE		NAME		
STREET ADDRESS	1115 LAKE TERRACE, #208		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCELLI, JANE		NAME	VINCELLI, JANE	
STREET ADDRESS	1115 LAKE TERRECE, #205		STREET ADDRESS	1115 Lake Terrace, #205	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BODMER, VIRGINIA		NAME	John Porter	
STREET ADDRESS	1115 LAKE TERRACE, #111		STREET ADDRESS	400 S Foa Hwy Ste 404	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	B. B., FL 33435	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORENSEN, MARIAN		NAME		
STREET ADDRESS	1115 LAKE TERRACE, #212		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, MICHAEL L		NAME	WEST, MICHAEL L.	
STREET ADDRESS	1115 LAKE TERRACE #105		STREET ADDRESS	1115 Lake Terrace, #105	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	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>Virginia Bodmer</i> 4/28/08 561436-7337 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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