2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 718934

1. Entity Name
LEISUREVILLE LAKE UNIT D CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
CONDOMINIUM ASSOC INC 1113 LAKE TERRACE BOYNTON BEACH, FL 33426-4241	C/O JOHN PORTER ACCOUNTING 400 S. FEDERAL HWY SUITE 404 BOYNTON BEACH, FL 33435

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02062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1387058

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHN PORTER ACCOUNTING
400 S. FEDERAL HWY SUITE 404
BOYNTON BEACH, FL 33435

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALBERT, CECILE
STREET ADDRESS	1113 LAKE TERR 111
CITY-ST-ZIP	BOYNTON BCH, FL 33426
TITLE	VP
NAME	OSIKA, BETTY
STREET ADDRESS	1113 LAKE TERR #203
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	S/T
NAME	MAZZIE, RICHARD L
STREET ADDRESS	1113 LAKE TERR #209
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	D
NAME	ELDRIDGE, CHARLES
STREET ADDRESS	1113 LAKE TERR #110
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	D
NAME	TOWNLEY, VINCENT
STREET ADDRESS	1113 LAKE TERR #101
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	D
NAME	PORTER, JOHN
STREET ADDRESS	400 S. FEDERAL HWY STE 404
CITY-ST-ZIP	BOYNTON BEACH, FL 33435

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02/21/06-80013-003 61.25

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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: John Porter, Director 02/06/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #