
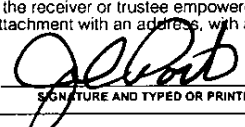


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90021 033 \*\*\*\*61.25

<b>DOCUMENT # 718934</b> 1. Entity Name <b>LEISUREVILLE LAKE UNIT D CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>CONDOMINIUM ASSOC INC 1113 LAKE TERRACE BOYNTON BEACH, FL 33426-4241</b>			Mailing Address <b>C/O JOHN PORTER ACCOUNTING 400 S. FEDERAL HWY SUITE 404 BOYNTON BEACH, FL 33435</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	4. FEI Number <b>59-1387058</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>JOHN PORTER ACCOUNTING 400 S. FEDERAL HWY SUITE 404 BOYNTON BEACH, FL 33435</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALBERT, CECILE		NAME	Osika, Betty	
STREET ADDRESS	1113 LAKE TERR 111		STREET ADDRESS	1113 Lake Terr # 203	
CITY-ST-ZIP	BOYNTON BCH, FL 33426		CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OSIKA, BETTY		NAME	Douglas, John	
STREET ADDRESS	1113 LAKE TERR #203		STREET ADDRESS	1113 Lake Terr #108	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	S/T	<input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAZZIE, RICHARD L		NAME	Osika, Robert	
STREET ADDRESS	1113 LAKE TERR #209		STREET ADDRESS	1113 Lake Terr #203	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELDRIDGE, CHARLES		NAME	Hettiger, Bibiane	
STREET ADDRESS	1113 LAKE TERR #110		STREET ADDRESS	1113 Lake Terr #106	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOWNLEY, VINCENT		NAME	Bedell, Helen	
STREET ADDRESS	1113 LAKE TERR #101		STREET ADDRESS	1113 Lake Terr #102	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	PORTER, JOHN		NAME		
STREET ADDRESS	400 S. FEDERAL HWY STE 404		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
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		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>2-9-07</b> Daytime Phone # <b>561-752-5997</b>		