2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#718934

FILED Apr 16, 2009 Secretary of State

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

Current Principal Place of Business:				New Principal Place of Business:			
CONDOMINIUM ASSOC INC 113 LAKE TERRACE BOYNTON BEACH, FL 334264241				1113 LAKE TERRACE BOYNTON BEACH, FL 33426			
Current Mailing Address:				New Mailing Address:			
C/O JOHN PORTER ACCOUNTING 100 S. FEDERAL HWY SUITE 404 3OYNTON BEACH, FL 33435				1113 LAKE TERRACE BOYNTON BEACH, FL 33426			
El Number:	59-1387058	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certificate of Status Desired ()	
lame and	Address of	Current Registered Agent:		Name and	Address of	New Registered Agent:	
OHN PORTER ACCOUNTING 100 S. FEDERAL HWY SUITE 404 3OYNTON BEACH, FL 33435 US				GPS FINANCIAL SERVICES INC 400 S. FEDERAL HWY SUITE 404 BOYNTON BEACH, FL 33435 US			
	named entit of Florida.	y submits this statement for the	purpose o	of changing i	ts registered	office or registered agent, or both,	
SIGNATUF	RE: JOHN I	PORTER				04/16/2009	
	Electr	onic Signature of Registered Ac	jent			Date	
DFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
itle: lame: lddress: city-St-Zip:	OSIKA, BET 1113 LAKE T			Title: Name: Address: City-St-Zip:	(()Change ()Addition	
itle: lame: ddress: city-St-Zip:	DOUGLAS, J 1113 LAKE T			Title: Name: Address: City-St-Zip:	OSUNA, MAR 1113 LAKE T		
itle: lame: ddress: city-St-Zip:	OSIKA, ROB 1113 LAKE T			Title: Name: Address: City-St-Zip:	(() Change () Addition	
itle: lame: ddress: city-St-Zip:	HETTIGER, V 1113 LKAE T			Title: Name: Address: City-St-Zip:	HETTIGER, B 1113 LAKE T		
itle: lame: ddress: Dity-St-Zip:	BEDELL, HE 1113 LAKE T			Title: Name: Address: City-St-Zip:	(()Change ()Addition	
ītle: lame: lddress: Sity-St-Zip:	PORTER, JO 400 S. FEDE	() Delete HN RAL HWY STE 404 EACH, FL 33435		Title: Name: Address: City-St-Zip:	(()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY OSIKA P 04/16/2009