

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719227

FILED
Apr 20, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

GPS FINANCIAL SERVICES INC
400S FEDERAL HWY SUITE 404
BOYNTON BEACH, FL 33435

Current Mailing Address:

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

New Mailing Address:

GPS FINANCIAL SERVICES INC
400S FEDERAL HWY SUITE 404
BOYNTON BEACH, FL 33435

FEI Number: 59-1370024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GPS FINANCIAL SERVICES, INC
400 S FEDERAL HWY
SUITE 404
BOYNTON BEACH, FL 33435 US

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.

SIGNATURE: JOHN PORTER

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: COPPOLA, JOSEPH
Address: 1801 OCEAN DR., J108
City-St-Zip: BOYNTON BEACH, FL 33426

Title: P () Delete
Name: HARVEY, ROBERT L
Address: 1801 OCEAN DR J 11
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D () Delete
Name: DESALVO, BASIL
Address: 1801 OCEAN DR., J203
City-St-Zip: BOYNTON BEACH, FL 33426

Title: T () Delete
Name: YOUMANS, BILL
Address: 1801 OCEAN DR., J202
City-St-Zip: BOYNTON BEACH, FL 33426

Title: S () Delete
Name: PETERSON-HARDT, SANDRA
Address: 1801 OCEAN DR., J105
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D () Delete
Name: PORTER, JOHN
Address: 400S FEDERAL HWY SUITE 404
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COPPOLA, JOSEPH
Address: 1801 OCEAN DR., J108
City-St-Zip: BOYNTON BEACH, FL 33426

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT HARVEY

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date