2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 719228** 1. Entity Name LEISUREVILLE LAKE UNIT F CONDOMINIUM ASSOCIATION Principal Place of Business Mailing Address ASSOCIATION, INC. ASSOCIATION, INC. 1117 LAKE TERRACE 1117 LAKE TERRACE **BOYNTON BEACH FL 33426** BOYNTON BEACH FL 33426 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

Country

6. Name and Address of Current Registered Agent

City & State

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

FILED Feb 28, 2001 8:00 am Secretary of State

2-28-2001 90020 039 ****61.25



FΙ

Zip Code

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE ☐ Change Addition Dolores Rooney 1117 Lake Terr ROONEY, JOSEPH NAME NAME F201 STREET ADDRESS 1117 LAKE TERR APT F201 STREET ADDRESS Boynton Beach FL 33426 CITY-ST-7IP **BOYNTON BEACH FL 33426** CITY-ST-ZIP TITLE VΡ ☐ Change **X** Addition TITLE X Delete CLEARY, ANN Cahill, Robert NAME NAME F206 1117 Lake Terr STREET ADDRESS 1117 LAKE TERR F204 STREET ADDRESS CITY-ST-7IF BOYNTON BEACH FL CITY-ST-ZIE Boynton Beach FL 33426 TITLE Delete TITLE ☐ Change ☐ Addition MORRIS, FRAN NAME STREET ADDRESS 1117 LAKE TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL** ٧D ☐ Change ☐ Addition TITLE 🔽 Delete TITLE SPATAFORA, IHOMAS NAME STREET ADDRESS 1117 LAKE TERRACE F110 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOYNTON BCH FL 33426 DSFCAS ☐ Delete TITLE ☐ Change ☐ Addition TITLETTERS SCHULER, IRENE NAME NAME STREET ADDRESS 1117 LAKE TERRACE #F-107 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOYNTON BCH, FL 00000 ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME CAHILL, CLAIRE NAME STREET ADDRESS 1117 LAKE TERR APT F206 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33426**

Country

Name

City

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

City & State

ROONEY, JOSEPH 1117 LAKE TERRACE

BOYNTON BEACH FL 33426

Zip

#F201

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

CR2E037 (10/00)