

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90017 001 ****61.25

DOCUMENT # 719228 1. Entity Name LEISUREVILLE LAKE UNIT F CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business ASSOCIATION, INC. 1117 LAKE TERRACE BOYNTON BEACH, FL 33426			Mailing Address ASSOCIATION, INC. 1117 LAKE TERRACE BOYNTON BEACH, FL 33426		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1911859	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROONEY, JOSEPH 1117 LAKE TERRACE #F201 BOYNTON BEACH, FL 33426 Delete				Name <u>Robert Cahill</u> Street Address (P.O. Box Number is Not Acceptable) <u>1117 Lake Terrace</u> <u>F 206</u> City <u>Boynton Bch.</u> FL Zip Code <u>33426</u>	
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 <u>Robert Cahill, Pres. - Robert E. Cahill</u> <u>2-28-2004</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☒ Delete	TITLE	V.P.	☐ Change ☒ Addition
NAME	ROONEY, JOSEPH		NAME	Barney Schoen Field	
STREET ADDRESS	1117 LAKE TERR APT F201		STREET ADDRESS	1117 LAKE TERR F103	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	BOYNTON Bch, FL 33426	
TITLE	D	☒ Delete	TITLE	F.O.	☐ Change ☒ Addition
NAME	ROONEY, DOLORES		NAME	Patricia Smith	
STREET ADDRESS	1117 LAKE TERR F201		STREET ADDRESS	1117 LAKE TERR F203	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	BOYNTON Bch, FL 33426	
TITLE	D	☐ Delete	TITLE	Sec.	☐ Change ☒ Addition
NAME	MORRIS, FRAN		NAME	Anne morais	
STREET ADDRESS	1117 LAKE TERRACE		STREET ADDRESS	1117 LAKE TERR F205	
CITY-ST-ZIP	BOYNTON BEACH, FL		CITY-ST-ZIP	BOYNTON Bch, FL 33426	
TITLE	V	☐ Delete	TITLE	Pres.	☒ Change ☐ Addition
NAME	CAHILL, ROBERT		NAME	CAHILL, Robert	
STREET ADDRESS	1117 LAKE TERR F206		STREET ADDRESS	1117 LAKE TERR F206	
CITY-ST-ZIP	BOYNTON Bch, FL 33426		CITY-ST-ZIP	BOYNTON Bch, FL 33426	
TITLE	T	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	SCHULER, IRENE		NAME	Dorothy Ramis	
STREET ADDRESS	1117 LAKE TERRACE #F-107		STREET ADDRESS	1117 LAKE TERR F109	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	BOYNTON Bch, FL 33426	
TITLE	D	☐ Delete	TITLE	2nd V.P.	☐ Change ☒ Addition
NAME	CAHILL, CLAIRE		NAME	WAYNE Smith	
STREET ADDRESS	1117 LAKE TERR APT F206		STREET ADDRESS	1117 LAKE TERR F203	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	BOYNTON Bch, FL 33426	
12. I hereby 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: <u>Irene Schuler Pres. Irene Schuler</u> <u>2-28-04</u> <u>561-7387573</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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Division of Corporations

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Annual Report

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Document Number

719228

Business Entity Name

LEISUREVILLE LAKE UNIT F CONDOMINIUM ASSOCIATION, INC.

FEI Number **591911859**

FEI Number Status Applied For Not Applicable Current

Certificate of Status Desired Yes No \$8.75 each

Principal Place of Business

Address **ASSOCIATION, INC.**

Suite, Apt. #, etc. **1117 LAKE TERRACE**

City, State **BOYNTON BEACH** **FL**

Zip Code & Country **33426**

Mailing Address

Address **ASSOCIATION, INC.**

Suite, Apt. #, etc. **1117 LAKE TERRACE**

City, State **BOYNTON BEACH** **FL**

Zip Code & Country **33426**

Name And Address of Registered Agent

Name (Last, First, Middle, Title) **ROONEY** **JOSEPH**

-or- RA Business Name

Address **1117 LAKE TERRACE** *delete*

Suite, Apt. #, etc. **#F201**

City, State **BOYNTON BEACH** **FL**

Zip Code & Country **33426** **US**

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Cahill, Robert Pres.
Cahill, Robert, Pres.

Attachment
719228
44015724

Attachment

719228

Please send us
forms next yr. 2005

Had to go to
a friend to get
this form on line

Other yr. you
sent forms.

I will need one
for next yr!