

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90044 009 ****61.25

DOCUMENT # 719228

1. Entity Name

LEISUREVILLE LAKE UNIT F CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

Mailing Address

ASSOCIATION, INC.
1117 LAKE TERRACE
BOYNTON BEACH FL 33426

ASSOCIATION, INC.
1117 LAKE TERRACE
BOYNTON BEACH FL 33426

50016292



1st MOORE

CR2E037 (10/04)

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

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAHILL, ROBERT
1117 LAKE TERRACE
F 206
BOYNTON BEACH FL 33426

Name *Robert J. Haigh*

Street Address (P.O. Box Number is Not Acceptable)
1117 Lake Terrace F104

City *Boynton Beach* FL Zip Code *33426*

Delete

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

Robert J. Haigh

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 VP
NAME SCHOENFIELD, BARNEY ☒ Delete
STREET ADDRESS 1117 LAKE TERR F103
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE VP ☐ Change ☒ Addition
NAME *Joseph morais*
STREET ADDRESS *1117 Lake Terr F203*
CITY-ST-ZIP *Boynton Bch, FL 33426*

TITLE FO ☐ Delete
NAME SMITH, PATRICIA
STREET ADDRESS 1117 LAKE TERR F203
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE SEC. ☐ Change ☒ Addition
NAME *ANN morais*
STREET ADDRESS *1117 Lake Terr F203*
CITY-ST-ZIP *Boynton Bch, FL 33426*

TITLE D ☒ Delete
NAME MORRIS, FRAN
STREET ADDRESS 1117 LAKE TERRACE
CITY-ST-ZIP BOYNTON BEACH FL

TITLE D ☐ Change ☒ Addition
NAME *Dorothy Raimie*
STREET ADDRESS *1117 Lake Terr F109*
CITY-ST-ZIP *Boynton Bch, FL 33426*

TITLE P ☒ Delete
NAME CAHILL, ROBERT
STREET ADDRESS 1117 LAKE TERR F206
CITY-ST-ZIP BOYNTON BCH FL 33426

TITLE P ☐ Change ☒ Addition
NAME *Robert J. Haigh*
STREET ADDRESS *1117 Lake Terr F104*
CITY-ST-ZIP *Boynton Bch FL 33426*

TITLE T ☐ Delete
NAME SCHULER, IRENE
STREET ADDRESS 1117 LAKE TERRACE #F-107
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE VP ☐ Change ☒ Addition
NAME *Wayne Smith*
STREET ADDRESS *1117 Lake Terr F203*
CITY-ST-ZIP *Boynton Bch FL 33426*

TITLE D ☒ Delete
NAME CAHILL, CLAIRE
STREET ADDRESS 1117 LAKE TERR APT F206
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE D ☐ Change ☒ Addition
NAME *Diane Paolucci*
STREET ADDRESS *1117 Lake Terr F209*
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: *Irene Schuler - Irene Schuler (Treas)*

2-8-05

561-738-7573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #