2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE

03022008 No Chg-NP CR2E037 (4/06)

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

MORAIS, JOE
1117 LAKE TERRACE
F 205
BOYNTON BEACH, FL 33426

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000001000017
04/23/08-80008-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORAIS, JOEPH
STREET ADDRESS	1117 LAKE TERR F203
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	FO
NAME	SMITH, PATRICIA
STREET ADDRESS	1117 LAKE TERR F203
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	D
NAME	RAMIE, DOROTHY
STREET ADDRESS	1117 LAKE TERR F109
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	1V
NAME	SPENALD, NANCY
STREET ADDRESS	1117 LAKE TERRACE F206
CITY-ST-ZIP	BOYNTON BCH, FL 33426
TITLE	T
NAME	SCHULER, IRENE
STREET ADDRESS	1117 LAKE TERRACE #F-107
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	S
NAME	MORAIS, ANNE
STREET ADDRESS	1117 LAKE TERR #205
CITY-ST-ZIP	BOYNTON BEACH, FL 33426

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Joseph Morais 3/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #