

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719229 (7)
1. Corporation Name
LEISUREVILLE LAKE UNIT H CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1118 LAKE TERRACE BOYNTON BEACH FL 33426
Mailing Address: 1118 LAKE TERRACE BOYNTON BEACH FL 33426

3. Date Incorporated or Qualified: 09/01/1970
3a. Date of Last Report: 02/22/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number	Applied For
		26			59-1446292	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
		27			<input type="checkbox"/>	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		28			<input type="checkbox"/>	
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
		29			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROMO & PORTER, INC.
306 E BOYNTON BCH BLVD
BOYNTON BEACH FL 33435

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 1/23/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, JAMES	1.2 NAME	
STREET ADDRESS	1118 LAKE TERR 216	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDINGER, WAYNE	2.2 NAME	
STREET ADDRESS	1118 LAKE TERRACE 109	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOTH, MARY	3.2 NAME	
STREET ADDRESS	1118 LAKE TERR 201	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, ANNA	4.2 NAME	
STREET ADDRESS	1118 LAKE TERR 111	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFY, RUTH	5.2 NAME	
STREET ADDRESS	1118 LAKE TERR 202	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wayne Ridinger* DATE: 1/23/96

CR2E037 (12/95)