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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra S. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719229 (7)

1. Corporation Name

LEISUREVILLE LAKE UNIT H CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1118 LAKE TERRACE
BOYNTON BEACH FL 33426

1118 LAKE TERRACE
BOYNTON BEACH FL 33426-4277

3. Date Incorporated or Qualified
09/01/1970

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

FL

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

John Porter

2/4/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, JAMES	
STREET ADDRESS	1118 LAKE TERR 216	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RIDINGER, WAYNE	
STREET ADDRESS	1118 LAKE TERRACE 109	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TOTH, MARY	
STREET ADDRESS	1118 LAKE TERR 201	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWELL, ANNA	
STREET ADDRESS	1118 LAKE TERR 111	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DUFFY, RUTH	
STREET ADDRESS	1118 LAKE TERR 202	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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

2-6-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041718

CR2E037 (9/96)