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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 7

1. Corporation Name

719229

(7)

LEISUREVILLE LAKE UNIT H CONDOMINIUM ASSOCIATION

FILED

Jan 22 1998 8:00am

Secretary of State

, INC.						
Principal Place of Business		Mailing Address			T I NEWACT HEADEN STATIO TREATS LINGUA TIMERE INTIL NEWSCH DITMENT OF DEPT.	4 01011 01635 01011 100F
1118 LAKE TERRACE		1118 LAKE TERRACE			3. Date Incorporated or Qualified	
BOYNTON BEA	CH FL 33426	BOYNTON BEACH FL 33426			09/01/1970	
					4. FEI Number	Applied For
					59-1446292	Not Applicable
<u></u>	Place of Business	2a. Mailing Address			5. Certificate of Status Desired	8.75 Additional
21	#	Suite, Apt. #, etc.				Fee Required
Suite, Apt.	#, etc.	27 Suite, Apt. #, etc.				5.00 May Be
City & Stat	e	City & State		•	7. Is this nonprofit corporation a homeowners ass	
23		28			☐ Yes ☐ No	
Zip	Country	Zip		intry	8. This corporation owes or has paid the current	
24	25	29	30		Personal Property Tax due June 30. Ye 10. Name and Address of New Registered Ager	
9. Name and Address of Current Registered Agent 81 Name					10. Name and Address of New Registered Ager	
oroug	C DODTED INC					
GROMO & PORTER, INC. 306 E BOYNTON BCH BLVD				82 Street Add	fress (P.O. Box Number is Not Acceptable)	1
	ON BEACH FL 33435			83		·
Bonnie	ON BENOTT E 00400			84 City	- Inc	i Zip Code
				- ,	FL ⁸⁵	·
11. Pursuant	to the provisions of Sections 617.050	22 and 617.1508, Florida Statu	tes, the a	pove-named cor	poration submits this statement for the purpose of chartion's board of directors. I hereby accept the appointment	nging its registered
agent. I a	im familiar with, and accept the being	tions of, Section 617,0503, F	orida Stat	utes.	ation's board of directors. Thereby accept the appoints	lent as registered
SIGNATURE	- Jour	<u> </u>			//9/98	
12.	Signature, typed syprinted name of registered age	ent and title if applicable. (NO D DIRECTORS	E: Registerer	Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12
TITLE	P OFFICERS AIN	DELETE	1.7 TI	TLE T		Change
NAME	ARMSTRONG, JAMES		1.2 N	i i		}
STREET ADDRESS	1118 LAKE TERR 216		1.3 \$1	THEET ADDRESS		
City-St-ZIP	BOYNTON BCH, FL 00000		1.4 C	TY-ST-ZIP		
TITLE	TD	☐ DELETE	2,1 TI	T.E	[_] (Change 🔲 Addition 🖰
NAME	RIDINGER, WAYNE		2.2 N/	Y		į
STREET ADDRESS	1118 LAKE TERRACE 109			REET ADDRESS	•	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	DELETE		TY-ST-ZIP	137	Change Addition
TITLE	VP TOTU MADY	☐ OELETE	3.1 Ti 3.2 NA			woulde El Verdinott
NAME STREET ADDRESS	TOTH,MARY 1118 LAKE TERR 201			REET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH. FL 00000			TY-ST-ZIP		ļ
TITLE	D	☐ DELETE	4,1 11			Change Addition
NAME	HOWELL, ANNA		4. 2 N	AME		
STREET ADDRESS	1118 LAKE TERR 111		4.3 ST	REET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH, FL 00000		4.4 CI	TY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 71	U.E		Change
NAME	DUFFY, RUTH		5.2 NA			
STREET ADDRESS	1118 LAKE TERR 202		5.3 ST	REET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH, FL 00000			Y-ST-ZIP)hanna
TITLE		DELETE	6.1 7.7		LJ C	Change
NAME			6.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP			6.4 CF	ry-ST-ZIP		

14. I hereby certify that the information supplied with this filling 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:

Way EURE Kidingar

/9/98

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