

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/2

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90042 022 \*\*\*\*61.25

**DOCUMENT # 719229**

1. Entity Name

**LEISUREVILLE LAKE UNIT H CONDOMINIUM ASSOCIATION**

Principal Place of Business

Mailing Address

1118 LAKE TERRACE  
 BOYNTON BEACH FL 33426

1118 LAKE TERRACE  
 BOYNTON BEACH FL 33426-4277

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1446292

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
**Gromo, Porter & Associates**  
 Street Address  
**306 East Boynton Beach Blvd.**  
**Boynton Beach, FL 33435**  
 City  
**FL** Zip Code

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.

SIGNATURE

*[Handwritten Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/00

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>MILDRED HINKLE</b> <b>1118 LAKE TERR H 104</b> <b>BOYNTON BEACH, FL 33426</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <b>Barbara Hansen</b> <b>1118 Lake Terrace H-110</b> <b>Boynton Beach FL 33426</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAM ELSNER</b> <b>1118 LAKE TERRACE H 205</b> <b>BOYNTON BEACH FL 33426</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>ADETH ARMSTRONG</b> <b>1118 LAKE TERRACE H 209</b> <b>BOYNTON BEACH, FL. 33426</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**SIGNATURE** *Wayne Ridinger* **3-13-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)