

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**

0051385

**DOCUMENT # 719229**

1. Entity Name

**LEISUREVILLE LAKE UNIT H CONDOMINIUM ASSOCIATION**

04-14-2001 90004 002 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1118 LAKE TERRACE  
 BOYNTON BEACH FL 33426

1118 LAKE TERRACE  
 BOYNTON BEACH FL 33426

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREMKO, PORTER & ASSOCIATES**  
**306 E BOYNTON BCH BLVD**  
**BOYNTON BEACH FL 33435**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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> 1118 LAKE TERR 216 BOYNTON BCH, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>RIDINGER, WAYNE</b> 1118 LAKE TERRACE 109 BOYNTON BCH, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>VP</b> <b>TOTH, MARY</b> 1118 LAKE TERR 201 BOYNTON BCH, FL 00000</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOWELL, ANNA</b> 1118 LAKE TERR 111 BOYNTON BCH, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>SD</b> <b>DUFFY, RUTH</b> 1118 LAKE TERR 202 BOYNTON BCH, FL 00000</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>VP</b> <b>ELSNER, WILLIAM</b> 1118 LAKE TERR 205 BOYNTON BEACH FL 33426</del>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HANSEN BARB</b> 1118 LAKE TERR 110 BOYNTON BEACH FL 33426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HINKLE MILDRED</b> 1118 LAKE TERR 104 BOYNTON BEACH FL 33426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ELSNER WILLIAM</b> 1118 LAKE TERR 205 BOYNTON BEACH FL 33426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ARMSTRONG ARDETH</b> 1118 LAKE TERR. 209 BOYNTON BEACH FL 33426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>VP</b> <b>ELSNER WILLIAM</b> 1118 LAKE TERR 205 BOYNTON BEACH FL 33426</del>	<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:** *Wayne S Ridinger* **WAYNE S RIDINGER** 2-15-2001 561-369-7971  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)