


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90186 014 ****61.25

DOCUMENT # 719229 1. Entity 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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
M.J. GALLUP, ACCOUNTING & MANAGEMENT 235 NE SOUTH AVENUE, SUITE D633483 DELRAY BEACH FL 33483		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

4. FEI Number 59-1446292	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

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 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEISEKING, GERHARD			NAME			
STREET ADDRESS	1118 LAKE TERRACE 108			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33426			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROEBER, GRAYCE C			NAME			
STREET ADDRESS	1118 LAKE TERRACE			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33426			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARB, HANSEN			NAME			
STREET ADDRESS	1118 LAKE TERRACE 110			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33426			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	JOHN HAGADORN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWELL, ANNA			NAME	1118 LAKE TERRACE 112		
STREET ADDRESS	1118 LAKE TERRACE 111			STREET ADDRESS	BOYNTON Pch, Fl. 33426		
CITY-ST-ZIP	BOYNTON BEACH FL 33426			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HINKLE, MILDRED			NAME			
STREET ADDRESS	1118 LAKE TERRACE 104			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33426			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BILL, ELSNER			NAME			
STREET ADDRESS	1118 LAKE TERRACE 205			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33426			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Grayce C Roebert* 4/27/06 561-272-2617