
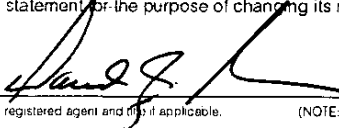



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90026 029 ****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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1446292	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent M.J. GALLUP, ACCOUNTING & MANAGEMENT 235 NE SOUTH AVENUE, SUITE D633483 DELRAY BEACH FL 33483			7. Name and Address of New Registered Agent		
			Name M.J. GALLUP ACCOUNTING		
			Street Address (P.O. Box Number is Not Acceptable) 617 GEORGE BUSH BLVD		
			City DELRAY BEACH FL		Zip Code 33483
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 		(NOTE: Registered Agent signature required when reinstating)		DATE 3/8/07	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD GEISEKING, GERHARD 1118 LAKE TERRACE 108 BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD ROEBER, GRAYCE C 1118 LAKE TERRACE BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	SEC/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BARB, HANSEN 1118 LAKE TERRACE 110 BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HAGADORN, JOHN 1118 LAKE TERR 112 BOYNTON BEACH FL 33426	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	V. PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RICHARD MOOR 1118 LAKE TERRACE 217 BOYNTON BEACH, FL 33426	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P HINKLE, MILDRED 1118 LAKE TERRACE 104 BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BILL, ELSNER 1118 LAKE TERRACE 205 BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete	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 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 the empowered.

SIGNATURE:  **3/8/07** 561-272-2617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR