


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90084 026 \*\*\*\*61.25

<b>DOCUMENT # 723227</b> 1. Entity Name LEISUREVILLE LAKE UNIT N CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1802 OCEAN DRIVE BOYNTON BEACH, FL 33426	Mailing Address 1802 OCEAN DRIVE N102 BOYNTON BEACH, FL 33426
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01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1911119	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  THATCHER, JOAN E 1802 OCEAN DRIVE N102 BOYNTON BEACH, FL 33426
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consulting)

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THATCHER, JOAN 1802 OCEAN DR #102 BOYNTON BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>RAZZANO, BARBARA</del> <del>1802 OCEAN DR, N106</del> <del>BOYNTON BEACH, FL 33426</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OFRIA, MARGARET 1802 OCEAN DR, N110 BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> COUGHLIN, MARJORIE 1802 OCEAN DR. #111 BOYNTON BCH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>RAZZANO, MICHAEL</del> <del>1802 OCEAN DR, N106</del> <del>BOYNTON BEACH, FL 33426</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

← REMOVE

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Joan Thatcher JOAN THATCHER, PRES. 1-16-08 561-734-3712  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #