2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723227

FILED Feb 06, 2009 Secretary of State

Entity Name: LEISUREVILLE LAKE UNIT N CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1802 OCEAN DRIVE 1802 OCEAN DRIVE BOYNTON BEACH, FL 33426 N102 BOYNTON BEACH, FL 33426 **Current Mailing Address: New Mailing Address:** 1802 OCEAN DRIVE N102 BOYNTON BEACH, FL 33426 FEI Number: 59-1911119 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THATCHER, JOAN E THATCHER, JOAN E 1802 OCEAN DRIVE N102 1802 OCEAN DRIVE BOYNTON BEACH, FL 33426 US N102 BOYNTON BEACH, FL 33426 US 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: JOAN E. THATCHER 02/06/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition THATCHER, JOAN THATCHER, JOAN Name: Name: 1802 OCEAN DR #102 Address: 1802 OCEAN DR., #102 Address: City-St-Zip: BOYNTON BCH, FL City-St-Zip: BOYNTON BCH, FL 33426 US Title: Title: (X) Change () Addition () Delete OFRIA, MARGARET Name: OFRIA, MARGARET Name: Address: 1802 OCEAN DR. N110 Address: 1802 OCEAN DR. #N110 City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip: BOYNTON BEACH, FL 33426 Title: () Delete Title: () Change () Addition COUGHLIN, MARJORIE Name: Name: Address: 1802 OCEAN DR. #111 Address: City-St-Zip: BOYNTON BCH, FL 33426 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: SULLIVAN, KATHLEEN 1802 OCEAN DR., #107 Address: Address: City-St-Zip: City-St-Zip: BOYNTON BEACH, FL 33426 US Title: () Delete Title: () Change (X) Addition RAZZANO, MICHAEL Name: Name: 1802 OCEAN DR., #106 Address: Address: City-St-Zip: City-St-Zip: BOYNTON BEACH, FL 33426 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET OFRIA S 02/06/2009