


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90132 047 \*\*\*\*61.25

<b>DOCUMENT # 725296</b>			
1. Entity Name: <b>LEISUREVILLE GOLF LANE UNIT U CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>2017 S.W. GOLF LANE APT 114 BOYNTON BEACH FL 33-26 US</b>		Mailing Address <b>2017 SW GOLF LANE APT 114 BOYNTON BEACH FL 33426 US</b>	
2. Principal Place of Business <b>2017 S.W. GOLF LA. Suite, Apt. #, etc. #112</b>		3. Mailing Address <b>2017 S.W. GOLF LA. Suite, Apt. #, etc. #112</b>	
City & State <b>BOYNTON BEACH FL</b> Zip <b>33426</b> Country <b>USA</b>		City & State <b>BOYNTON BEACH FL</b> Zip <b>33426</b> Country <b>USA</b>	
4. FEI Number <b>59-1585150</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FRETZ, QUENTIN 2017 SW GOLF LANE, APT 114 BOYNTON BEACH FL 33426</b>		7. Name and Address of New Registered Agent Name <b>MURRAY, I.T.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2017 S.W. GOLF LA. #112</b> <b>BOYNTON BEACH, FL.</b> City <b>FL</b> Zip Code <b>33426</b>	
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 _____			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURRAY, I.T.A. 2017 SW GOLF LANE, APT 111 BOYNTON BEACH FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURRAY, I.T.A. 2017 SW GOLF LA #112 BOYNTON BEACH, FL. 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STRONG, HELEN 2017 SW GOLF LA APT 107 BOYNTON BEACH FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRONG HELEN 2017 S.W. GOLF LA #107 BOYNTON BEACH, FL. 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRETZ, QUENTIN 2017 SW GOLF LANE, APT 114 BOYNTON BEACH FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VB FRETZ, QUENTIN 2017 S.W. GOLF LA. #114 BOYNTON BEACH, FL. 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWEENEY, LOUISE 2017 S.W. GOLF LN APT 103 BOYNTON BEACH FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPAGNUOLO, MARY 2017 S.W. GOLF LA. #102 BOYNTON BEACH, FL. 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPAGNUOLO, MARY 2017 SW GOLF LA APT 102 BOYNTON BEACH FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX EILEEN 2017 S.W. GOLF LA. #110 BOYNTON BEACH, FL 33426 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <i>I.T.A. Murray</i>		Date: <i>3/5/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	