


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90007 022 ****61.25

DOCUMENT # 725698 1. Entity Name LEISUREVILLE GOLF VIEW CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 400-500 SW GOLFVIEW TERR. BOYNTON BEACH, FL 33426			Mailing Address C/O JOHN PORTER ACCOUNTING 400 S FEDERAL HWY SUITE 404 BOYNTON BEACH, FL 33435		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHN PORTER ACCOUNTING 400 S FEDERAL HWY SUITE 404 BOYNTON BEACH, FL 33435			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	P MEDEIROS, DIANE <input type="checkbox"/> Delete 500 SW GOLFVIEW TERR BOYNTON BEACH, FL 33426		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BOLGER, JOAN <input checked="" type="checkbox"/> Delete 500 SW GOLFVIEW TER BOYNTON BEACH, FL 33426		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Madge Welch <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 400 SW Golfview Terrace Boynton Beach, FL 33426	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARPER, JOHN <input type="checkbox"/> Delete 500 GOLFVIEW TERR BOYNTON BEACH, FL 33426		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Joan Bolger <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 SW Golfview Terrace Boynton Beach, FL 33426	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNOVSKY, CYRIL <input type="checkbox"/> Delete 400 SW GOLFVIEW TERR BOYNTON BEACH, FL 33426		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Porter <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 400 S. Federal Hwy. #404 Boynton Beach, FL 33435	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTO, MICHAEL <input type="checkbox"/> Delete 500 SW GOLFVIEW TERR BOYNTON BEACH, FL 33426		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOVETESKY, GEORGE <input checked="" type="checkbox"/> Delete 400 SW GOLFVIEW TER BOYNTON BEACH, FL 33426		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 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: <i>Diane Medeiros</i> - DIANE MEDEIROS			3/26/08 561-733-1923		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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