

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725698

FILED  
Jan 31, 2011  
Secretary of State

**Entity Name:** LEISUREVILLE GOLF VIEW CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

400-500 SW GOLFPVIEW TERR.  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

GPS FINANCIAL SERVICES INC  
1100 S FEDERAL HWY SUITE 3  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GPS FINANCIAL SERVICES INC  
1100 S FEDERAL HWY  
SUITE 3  
BOYNTON BEACH, FL 33435 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HARPER, JOHN  
Address: 500 SW GOLFPVIEW TERR  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D  
Name: WELCH, MADGE  
Address: 400 SW GOLFPVIEW TERR  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VP  
Name: BOLGER, WILLIAM  
Address: 500 GOLFPVIEW TERR  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D  
Name: BRUNOVSKY, CYRIL  
Address: 400 SW GOLFPVIEW TERR  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D  
Name: THOMPSON, ARNOLD  
Address: 1307 NW 8TH CT.  
City-St-Zip: BOYNTON BEACH, FL 33421

Title: D  
Name: PORTER, JOHN  
Address: 1100 S FEDERAL HWY 3  
City-St-Zip: BOYNTON BEACH, FL 33435

I hereby 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 all other like empowered.

SIGNATURE: JOHN PORTER

D

01/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date