

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90052 044 ****61.25

DOCUMENT # 725725 1. Entity Name LEISURE LAKE CIRCLE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 200 LEISURE LAKE CIRCLE BOYNTON BEACH, FL 33426			Mailing Address 200 LEISURE LAKE CIRCLE BOYNTON BEACH, FL 33426		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1585178	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEANE, THOMAS 101 LEISURE LAKE CIRCLE #101 BOYNTON BEACH, FL 33426			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 re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
TITLE	VD	<input type="checkbox"/> Delete			
NAME	ABBATE, GUS				
STREET ADDRESS	200 LEISURE LAKE CIRCLE #104				
CITY-ST-ZIP	BOYNTON BEACH, FL 33426				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	THOMAS, DEANE				
STREET ADDRESS	101 LEISURE LAKE CIRCLE SUITE 101				
CITY-ST-ZIP	BOYNTON BEACH, FL				
TITLE	D	<input type="checkbox"/> Delete			
NAME	HARDIN, RONALD				
STREET ADDRESS	100 LEISURE LAKE CIRCL #014				
CITY-ST-ZIP	BOYNTON BEACH, FL				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	WHEATLEY, GAIL				
STREET ADDRESS	201 LEISURE LAKE CIRCLE #103				
CITY-ST-ZIP	BOYNTON BEACH, FL				
TITLE	D	<input type="checkbox"/> Delete			
NAME	MATTINGLEY, GEORGE				
STREET ADDRESS	200 LEISURE LAKE CIRCLE #101				
CITY-ST-ZIP	BOYNTON BEACH, FL				
TITLE	PD	<input type="checkbox"/> Delete			
NAME	WHEATLEY, THOMAS				
STREET ADDRESS	201 LEISURE LAKE CIRCLE #103				
CITY-ST-ZIP	BOYNTON BEACH, FL				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	BURK, RAYMOND				
STREET ADDRESS	101 LEISURE LAKE CIRCLE #110				
CITY-ST-ZIP	BOYNTON BEACH, FL 33426				
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 of 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: <u>THOMAS DEANE</u> FEB 1/06 561-738-9757 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					